

BERGIN UNIVERSITY 2010-2011 Application

1 GENERAL INFORMATION

SOCIAL SECURITY # _____

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

DAY PHONE: (____) _____ EVE PHONE: (____) _____ FAX: (____) _____

EMAIL: _____ CELL PHONE: (____) _____ PAGER: (____) _____

2 PERSONAL DATA

GENDER: MALE FEMALE DATE OF BIRTH: ___/___/___

3 CLASS LEVEL AND DEGREE HELD

- HIGH SCHOOL EQUIVALENCY: _____
- HIGH SCHOOL DIPLOMA _____
- AA/AS DEGREE: _____
- BA/BS DEGREE: _____
- MA/MS DEGREE: _____
- LICENSE: _____
- OTHER: _____

4 ETHNIC BACKGROUND *(check all that apply)*

- ASIAN OTHER
- ARAB DECLINE TO STATE
- BLACK
- HISPANIC
- NATIVE AMERICAN
- PACIFIC ISLANDER
- WHITE

5 HOBBIES _____

6 DOG EXPERIENCE AND DEGREE OF PROFICIENCY

<u>DOG TRAINING CATEGORY</u>	<u>AT WHAT PROFICIENCY LEVEL DO YOU DESCRIBE YOURSELF?</u>	<u>YEARS/TYPE OF PROF. EXPERIENCE</u>
AGILITY	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
OBEDIENCE	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
SHOW	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
FIELD TRIAL	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
SEARCH AND RESCUE	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
TRACKING	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
ASSISTANCE DOG	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
OTHER: _____	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____

TYPES OF ASSISTANCE DOGS TRAINED

GUIDE HEARING SERVICE SOCIAL/THERAPY OTHER: _____

YEARS OF DOG OWNERSHIP: BREEDS OF DOGS OWNED/HANDLED: _____

7 OCCUPATION AND WORK INFORMATION

WHAT IS YOUR CURRENT OCCUPATION: _____ LENGTH OF EMPLOYMENT: _____

IS IT YOUR INTENT TO CHANGE CAREERS AFTER COMPLETING THIS COURSE: YES NO DON'T KNOW YET

IF "YES," WHAT CAREER ARE YOU INTENDING TO PURSUE: _____

AVERAGE WORK HOURS PER WEEK DURING YOUR PLANNED PERIOD OF ENROLLMENT (AS AND BS ONLY): _____

