

Application for Admission / Readmission

CHICKASAW INSTITUTE	Today's date: _____	Application type: <input type="checkbox"/> CN employee <input type="checkbox"/> CN citizen	Worksite location (for Chickasaw Nation employees only): <input type="checkbox"/> Ada <input type="checkbox"/> Ardmore <input type="checkbox"/> Duncan <input type="checkbox"/> Kingston <input type="checkbox"/> Madill <input type="checkbox"/> Pauls Valley <input type="checkbox"/> Purcell <input type="checkbox"/> Tishomingo <input type="checkbox"/> Other: _____ Employee title: _____ Employee ID no.: _____
Full LEGAL name: _____ First Middle Last Suffix			Birth date: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Permanent mailing address: Address: _____ City/state/ZIP: _____ Phone: _____ Cell phone: _____ Email: _____ Emergency/parent/legal guardian: (if applicable – birth date required for security) Name: First Middle Last Suffix Birth date: _____ Phone: _____	Ethnic classification: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Check all that apply <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American Tribal affiliation: _____
---	---

Certifications available: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Medical and health</td> <td style="width: 25%;"><input type="checkbox"/> Office management</td> <td style="width: 25%;"><input type="checkbox"/> Business gaming</td> <td style="width: 25%;"><input type="checkbox"/> Technical</td> </tr> <tr style="border-top: 1px solid black;"> <td><input type="checkbox"/> Medical coding</td> <td><input type="checkbox"/> Administrative professional</td> <td><input type="checkbox"/> Native American enterprise</td> <td><input type="checkbox"/> CDL</td> </tr> <tr> <td><input type="checkbox"/> Pharmacy tech</td> <td><input type="checkbox"/> Accounting</td> <td></td> <td><input type="checkbox"/> Electrician</td> </tr> <tr> <td><input type="checkbox"/> ServSafe</td> <td></td> <td></td> <td><input type="checkbox"/> Plumbing</td> </tr> </table>	<input type="checkbox"/> Medical and health	<input type="checkbox"/> Office management	<input type="checkbox"/> Business gaming	<input type="checkbox"/> Technical	<input type="checkbox"/> Medical coding	<input type="checkbox"/> Administrative professional	<input type="checkbox"/> Native American enterprise	<input type="checkbox"/> CDL	<input type="checkbox"/> Pharmacy tech	<input type="checkbox"/> Accounting		<input type="checkbox"/> Electrician	<input type="checkbox"/> ServSafe			<input type="checkbox"/> Plumbing	Additional information: How did you learn of the Chickasaw Institute (CI)? _____ If admitted, do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the reason? _____ _____ Are you a U.S. veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you active duty military? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medical and health	<input type="checkbox"/> Office management	<input type="checkbox"/> Business gaming	<input type="checkbox"/> Technical														
<input type="checkbox"/> Medical coding	<input type="checkbox"/> Administrative professional	<input type="checkbox"/> Native American enterprise	<input type="checkbox"/> CDL														
<input type="checkbox"/> Pharmacy tech	<input type="checkbox"/> Accounting		<input type="checkbox"/> Electrician														
<input type="checkbox"/> ServSafe			<input type="checkbox"/> Plumbing														

Employer references (for Chickasaw citizens only): 1. _____ Name Phone # 2. _____ Name Phone # 3. _____ Name Phone #	Personal references: 1. _____ Name Phone # 2. _____ Name Phone # 3. _____ Name Phone #
--	--

<p>Academic information:</p> <p>Have you or will you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>High school: _____ Year graduated: _____</p> <p>Location: _____</p> <p>Have you taken the high school equivalency test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, year completed: _____</p> <p>Have you taken the: <input type="checkbox"/> ACT Test – Score: _____ <input type="checkbox"/> SAT Test – Score: _____ <input type="checkbox"/> Neither</p> <p>Highest degree/certification earned: _____</p> <p>Institution: _____ Date: _____</p> <p>Have you participated in the Chickasaw Nation School-to-Work Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date participated? _____</p>	<p>Notes:</p>
<p>If admitted to CI, I agree to abide by the IT policies set by the Chickasaw Nation. I certify that all the information provided on this application is correct and complete. I understand that providing false information is cause for denial, cancellation of registration and/or suspension or expulsion from CI. I authorize CI to obtain or provide educational records as allowed by law.</p> <p>X _____ Date: _____ (Applicant signature required)</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date admitted: _____</p> <p>X _____ Date: _____ CI signature</p>