



JOHN LOPEZ WELDING SCHOOL

2925 Mosasco Street, Suite B, Bakersfield, CA 93312

661-588-3525 - Fax 661-588-3526

APPLICATION

(Please Complete Front and Back)

Applicant Information			
Name:		Phone:	
Date of Birth:	SSN:	Mobile Phone:	
DL#	State:	Expires:	
Address:		E-mail:	
City:	State:	Zip:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous Address:			
City:	State:	Zip:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Employment Information			
Current employer:		Phone:	
Position:	How long?	Yearly Income:	
Previous employer:		Phone:	
Position:	How long?	Yearly Income:	
Personal References			
Name:		Phone:	
City:	Relationship:	E-mail:	
Name:		Phone:	
City:	Relationship:	E-mail:	
Name:		Phone:	
City:	Relationship:	E-mail:	
Co-Applicant Information			
Name:		Phone:	
Date of Birth:	SSN:	Mobile Phone:	
DL#	State:	Expires:	
Address:		E-mail:	
City:	State:	Zip:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Co-Applicant Employment Information			
Current employer:		Phone:	
Position:	How long?	Yearly Income:	
Previous employer:		Phone:	
Position:	How long?	Yearly Income:	
Co-Applicant Personal Reference			
Name:		Phone:	
City:	Relationship:	E-mail:	

By submitting this application, you authorize John Lopez Welding School to make whatever credit inquiries that it deems necessary in connection with this credit application or in the course of review, collection, refinancing or consolidation of any credit extended in reliance on this application. You authorize and instruct any person or consumer reporting agency to compile and furnish to John Lopez Welding School any information that it may have to obtain in response to such information along with this application, shall remain John Lopez Welding School's property whether or not credit is extended.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

The requested information below is required to determine your eligibility for possible funding and employment as an entry level welder. This information is confidential and is used for qualification purposes only.

Marital Status: _____ Sex: *(circle one)* Male Female

Education: *(circle one)* Eighth Grade or Less Some High School High School Graduate
 GED Some College College Graduate Post-College Graduate

Ethnicity: *(circle one)* White Black Hispanic Native American
 Asian Pacific Islander Filipino Other

Please answer the following questions. YES NO

Are you a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any driving citations in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a DUI / DWI?	<input type="checkbox"/>	<input type="checkbox"/>
Is your license currently Suspended/Revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have eyesight problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Diabetes or High Blood Pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medications?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any type of disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any type of Physical / Mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any work related injuries?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you filed Bankruptcy in the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any lifting restrictions?	<input type="checkbox"/>	<input type="checkbox"/>

Which course are you applying for: *(circle one)*
 Plate Welding Pipe Welding TIG/MIG Welding General Welding (All Three)

Which session do you want to attend: *(circle one)* Day Night
 (7:00 am -3:30 pm) (4:00 pm -8:00 pm)

When would you like to start your training program?

How did you hear about John Lopez Welding School?

Why do you want to be a Welder?

