

## The Denver School of Hypnotherapy Application for Admission

Prospective applicants will receive consideration without regard to race, religion, color, gender, sexual preference, national origin, age, disability or veteran status.

Please answer each question fully and accurately.  
PLEASE PRINT except for signature line.  
In reading and answering the questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

<b>Personal Information:</b>		<b>Date:</b>												
Last Name	First	Middle	SS#:											
Mailing Address		Physical Address												
City, State, Zip														
Home Phone		Business Phone												
DOB:	Are you legally eligible for employment in the US?	Are you prevented from lawfully becoming employed in the US because of Visa or Immigration Status?												
Please list all states you have resided in and dates of residency.														
Have you ever been convicted of a crime (other than a traffic violation?) Conviction will not necessarily disqualify you from the class. If yes, please explain.														
Has your certification or licensure to practice in any state been denied, revoked, restricted, suspended, limited or not renewed or have any disciplinary proceedings been instituted against you? Have you had any letter of admonition filed against your certification or licensure? If yes, please explain.														
<b>Education:</b> Please circle the number of years of education completed:														
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>School</b>		<b>Name and Location</b>				<b>Number of Years</b>				<b>Degree/Diploma</b>				
High School														
Business/Trade														
Undergraduate/ College														
Graduate/ Professional														
Other (Specify)														
Indicate any languages other than English you can speak, read and/or write														

<b>References Other Than Previous Employer or Relatives:</b>		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Please state the reasons you are applying for The Denver School of Hypnotherapy training program:		
State any additional information you feel may be helpful to us in considering your application:		

**Applicant's Acknowledgment:**

This application shall be considered active until the start date of The Denver School of Hypnotherapy. After that time, applicants will be required to resubmit a completed application for the next class. I understand, if accepted to the training program, I will have a student at will relationship with The Denver School of Hypnotherapy.

I understand neither this document nor any offer of employment from The Denver School of Hypnotherapy constitutes an employment contract unless a specific document is executed in writing by employer.

I certify the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application, as may be necessary for reaching an acceptance decision.

I hereby authorize any personal reference listed and contacted to release information regarding their personal knowledge of my character.

I understand that investigation of my criminal background status is required and necessary in arriving at an acceptance decision.

In the event I am accepted into the training program, I understand any false or misleading information I knowingly provide on my application or during interview(s) may result in discharge from the program and/or legal action. I understand that if I am accepted by the program, I am required to abide by all rules and code of ethics adopted by The Denver School of Hypnotherapy.

I understand if I am extended the offer of the training program, it may be conditional upon my successful completion of a criminal background history check. I consent to the release of any or all information as may be deemed necessary to judge my capabilities for the position for which I am applying.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date