

Application for Enrollment

Toll Free: 1-888-TOM-ROSE

TomRose@TomRose.com



Please fill out entirely and send in with a registration fee of **\$100**. This fee is **NON-REFUNDABLE**.

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Age _____ Birth date _____

E-mail address _____ @ _____

Driver's license number _____ Marital Status _____ Number of Children _____

What month and year would you like to begin the Professional Program? **January** OR **July** of 20__ __

Will your spouse/ children be coming to live with you? **YES** **NO**

Do you want to live in student housing? **YES** **NO**

How did you hear about us? **Web Site / Magazine / Referral**

Physical condition and Health: _____

Employment References:

In the following it is important that you list area codes, phone numbers and immediate supervisor (employer) of your present and past employment over the past five years. Include an extra sheet if you need more room.

Current Employment:

Occupation: _____ Supervisor: _____

Type of work: _____ Phone #: _____

Dates Employed: _____

Previous Employment (1):

Occupation: _____ Supervisor: _____

Type of work: _____ Phone #: _____

Dates Employed: _____

Previous Employment (2):

Occupation: _____ Supervisor: _____

Type of work: _____ Phone #: _____

Dates Employed: _____

Prior Education:

Have you attended any other training schools? **YES** **NO**

If yes, where? _____

Name, location and phone number of **high school** attended

Date Graduated ____ / ____ / ____

Name, location and phone number of **college** attended

Date Graduated ____ / ____ / ____

Please list **experience** you have working with **animals**

Training level (if any) and breeds of dogs currently owned.

Personal References:

Please list **three** personal references including **name**, **address**, **phone number** and **relationship** to you.

1. Name:

Address:

Phone #:

2. Name:

Address:

Phone #:

3. Name:

Address:

Phone #:
