ADMISSIONS APPLICATION

SCHOOL INFORMATION
AECC Career School 300 S. Spring, Suite 300 Little Rock, AR 72201 501-615-8922

STUDENT INFORMATION		
Student Name:		Social Security Number:
Address:		City/State/Zip:
Telephone:		
E-mail Address:		
Education:	Name of High School Completed: City/State:	
Education:	Name of College Attended: City/State:	

Program Request				
Program Name:				
Course Length:	Contact Hours:		Date the training is to begin:	
	Course(s)		**Business Skills Training Program**	
Pre-Employment Career Readiness Training Program			Microsoft Applications: Office 365-**Outlook**	
			Microsoft Applications: Data Entry- **Word 365, Level I**	
Customer Service Skills Training Program			Microsoft Applications: Data Entry**- Excel 365, Level I**	
			Microsoft Applications: Office 365-**Power Point**	
Certified Nursing Assistant (CNA)				
Certified Pharmacy Technician (CPhT)				
*Total Cost is estimated and based on current cost and subject to change.				
TOTAL COST: $				

METHOD OF PAYMENT			
Method of Payment (check one)			
Money Order ( )	Cashier Check ( )	Cash ( )	Other ( )
[If interest is charged or more than three payments are allowed, state the terms. If no interest is charged, so state]			
"Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder. "			

REFUND POLICY
Refunds are applicable according to State Board of Private Career Education Rules and Regulations and AECC guidelines. (i) At completion of less than twenty-five percent (25%) of the program, the refund shall be made on a pro rata basis. (ii) At completion of 25% but less than 50% of the program, the student shall be refunded not less than 50% of the tuition. (iii) At completion of 50% but less than 75% of the program, the student shall be refunded not less than 25% of the tuition. (iv) At completion of 75% or more of the program no refund is due the student .

ACKNOWLEDGMENTS		
Licensed by the Arkansas Division of Higher Education.		
_____	_____	_____
Name of Student (Print)	Date	Signature of Student
_____	_____	_____
Printed Name of Authorized AECC Official	Date	Signature of Authorized AECC Official

Updated: 4/20/21

BACKGROUND INFORMATION SECTION

To ensure that these criteria are evaluated before appointments are made, all applicants must complete this application and agree to a background check. Any information contained on the application is strictly confidential, except that it is subject to the Privacy Notice, as printed in this application.

Full Name (first, middle, last)_____

Current Mailing Address_____

_____

Current Phone Number_____ Social Security # (required)_____

Previous Names Used_____

Date of Birth (required)_____ Place of Birth_____ Sex: ◯M ◯F

Race: ◯Indian ◯White ◯Black ◯Hispanic ◯Asian ◯Other U.S. Citizen: ◯Yes ◯No

Have you ever been convicted of a felony, misdemeanor or ordinance violation? ◯Yes ◯No If yes, please provide details as date, type of offense, location, etc. _____

_____

_____

_____

_____

Do you have pending court charges for a felony, misdemeanor or ordinance violation? ◯Yes ◯No If yes, please provide details as date, type of offense, location, etc. _____

_____

_____

_____

CONSENT TO RELEASE INFORMATION

I hereby authorize all parties named in this application to disclose information to Arkansas Employment Career Center any information necessary to determine eligibility information regarding my character. I hereby release the parties from all liability that may arise from furnishing such information.

All information in this employment application are true and accurate to the best of my knowledge and I agree to terms set forth.

Applicant Signature_____ Date_____

ARKANSAS STATE POLICE

ASP 122
(Rev. 02/19/2019)

Identification Bureau
Individual Record Check Request Form

Last Name _____ First Name _____ Middle Name _____ Jr./Sr./III _____

List **ALL** other names ever used (married, maiden, shortened, etc.) _____ Daytime Phone #: _____

Date of Birth: _____ (Month/Day/Year) State of Birth: _____ Race: _____ Sex: _____

Social Security #: _____ Driver's License #: _____ State _____

Mailing Address: _____
Street/P.O. Box

City _____ State _____ Zip Code _____

APPLICANT RECORD NOTICE

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or the FBI website at http://www.fbi.gov/about-us/cjis/background-checks.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ (First/MI/Last Name) Date: _____ (Month/Day/Year)

Release to: Arkansas Employment Career Center
(First/MI/Last Name) **OR** Full Name of Agency

Mailing Address: 300 S. Spring Street, Suite 300
Street/P.O. Box

Little Rock (City) Arkansas (State) 72201 (Zip Code)

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED {OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK} THIS REQUEST FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the

_____ day of , 20 _____ .

_____
Notary Public

BELOW FOR OFFICE USE ONLY

☐ 82005 State Record Check