



# Epic CNC Training Academy Admission Application

## Student Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program Type:  CNC Milling  CNC Turning  No Preference

Session Preference:  April  June  August  October

## Educational Background:

High School / GED / College / University Name: \_\_\_\_\_ City, State: \_\_\_\_\_

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## Work Experience *(begin with present or last employer):*

Employer: \_\_\_\_\_ City, State: \_\_\_\_\_ Job Title / Duties \_\_\_\_\_

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## Interests / Hobbies:

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