



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: _____

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

Employer: _____ City, State: _____ Job Title / Duties _____

Interests / Hobbies:
