

**DCI EPTL Student Data Sheet**

**International Health Group dba Dalrada Career Institute**

<b>Student Name:</b>	<b>Address:</b>	<b>Email:</b>	<b>Cell:</b>
<b>LEP- Preferred language:</b>	<b>High school diploma: Yes or No</b>	<b>Social Security:</b>	
<b>Race:</b>	<b>Sex:</b>	<b>Birthdate:</b>	

<b>Disability: if you would like to disclose;</b>	<b>Yes or No</b>
<b>Please explain:</b>	

**Emergency Contact Information:**

<b>Name:</b>	<b>Email:</b>	<b>Cell:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Email:</b>	<b>Cell:</b>	<b>Relationship:</b>

**Professional References**

<b>Name:</b>	<b>Email:</b>	<b>Cell:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Email:</b>	<b>Cell:</b>	<b>Relationship:</b>

**Job Placement**

<b>Do you need job placement? Yes or no</b>	<b>Desired area?</b>	<b>Desired hourly rate?</b>
<b>Job availability; Open or limited</b>	<b>Part-time or Full time?</b>	<b>AM/PM</b>

**Office use only**

<b>Hired or Not: Date if possible</b>	<b>Company:</b>	<b>HR staff and contact info:</b>
<b>Hourly rate:</b>	<b>Start date:</b>	<b>Verified on and staff initial</b>

**Additional Note:**