

**FORD/DES MOINES AREA COMMUNITY COLLEGE
AUTOMOTIVE STUDENT SERVICE EDUCATIONAL TRAINING PROGRAM (ASSET)**

CANDIDATE INFORMATION FORM

Please print or type information:

Last Name First Middle Driver's License # Expiration Date

Address City/State/Zip Home Phone

E-Mail Address Date of Birth (Month/Day/Year) Cell Phone (If available)

High School from which you graduated _____

Year of graduation _____ or year G.E.D. completed _____

Automotive or technical classes taken, High School or other; _____

School you took these classes at _____ Instructor Name _____

Describe your automotive experience _____

Work Experience: (most recent within the past two years)

1) Place of Employment _____

Type of work _____

2) Place of Employment _____

Type of work _____

List any reasons you would not be insurable by a dealer's automotive insurance program. (ie, citations, tickets) _____

Have you talked with any dealers? _____ If so, which? _____

Career interest: (In the space provided below, write a clear definitive statement of your future goals.)

Release of Information: I hereby grant permission to Des Moines Area Community College to share all records concerning the Ford ASSET Program with Ford Motor Company and the Ford Dealer.

Applicants Signature

Date