



ADMISSION APPLICATION FORM

Atlanta Apartment Association Service Training Academy
8601 Dunwoody Place, Suite 318, Atlanta, GA 30350
770-518-4248

Atlanta Apartment Association Service Training Academy (AAASTA) admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability.

This application form must be completed and submitted to the AASTA Admission Office by the date specified by AASTA. Applicants agree to allow the AASTA to run a criminal background check, submit to drug screening, and have access to a vehicle (to be used for work) and have a valid drivers license (additional forms will be required).

Applicant Name: _____ Date of application: _____

Home Address: _____

City/Town: _____

State: _____ Zip Code: _____

County: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Social Security #: _____

Date of Birth: _____

Make and Model of car: _____

Name of person the car is registered to: _____ Are you able to use this car for work? Y/N__

How did you find out about the AASTA? _____

The statements and information furnished by the undersigned in this application form are true and complete.

Signature certifies that I have read and agree with the above statements.

Signature of Student: _____

Please return to Lisa Russo at lrusso@atl-apt.org