|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| Date: | | | | | | | | | |
| Last Name: | | | | First Name: | | | | | |
| Street Address: | | | | | | | | | |
| City: | | | | | State: | | | Zip code: | |
| Phone Number: | | E-mail Address: | | | | | | | |
| Date of Birth: | | Social Security Number: | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | |
| **Tell us about you** | | | | | | | | | |
| Why are you pursuing this program? | | | | | | | | | |
| **Criminal Background** | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | |
| If yes, please explain. (May use back side of paper.) | | | | | | | | | |
| **Employment History** | | | | | | | | | |
| **Employer** | | **Position** | | | | **Dates** | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |
| **Education** | | | | | | | | | |
| **High School** |  | City & State: | | | | | Graduation Date: | | |
| **GED** |  | City & State: | | | | | Completion Date: | | |
| **College** |  | City & State: | | | | | Graduation Date | | |
| **Prior CNA School** |  |  | | | | |  | | |
| **Reference** | | | **Emergency Contact** | | | | | | |
| Name: | | | Name: | | | | | | |
| Position: | | | Relation to self: | | | | | | |
| Phone Number: | | | Phone Number: | | | | | | |
| **Disclaimer and Signature** | | | | | | | | | |
| I certify that my answers on this document are true and complete to the best of my knowledge. If I am accepted into the Institute, I understand that any false or misleading information contained in my application or interview, regardless of time of discovery, may result in my dismissal from the program. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed, being contacted. | | | | | | | | | |
| **Printed Name** of Student | | | Signature | | | | | | Date |
| Printed Name of Guardian (Students under 18) | | | Signature | | | | | | Date |
|  | | | | | | | | | |