

APPLICATION FOR CERTIFIED NURSING ASSISTANT CLASS

Name _____

Address _____

Phone Number _____ Best Time to Call _____ AM/PM

Email Address _____

Why do you want to be a Certified Nursing Assistant? _____

Grand View Care Center has a strict attendance rule; absence from class for any reason is not tolerated. If you would be accepted into the class, would you be able to meet the attendance requirements of the class? _____

Do you have any previous healthcare experience? If yes, please list experiences. _____

Have you ever been employed by Grand View Care Center? If yes, please give dates and the department:

Do you know someone who works at Grand View Care Center? If yes, please list _____

Level of Education (Years Completed) _____

Are you currently a student? _____ If yes, please indicate your school and major. _____

Answering "yes" to the following question does not mean that you will not be able to enter the class. Factors such as date of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. All program students are required to complete a Background Information Disclosure and information will be obtained from the State Crime Information Bureau.

Have you ever plead "guilty", "no contest" to, or been convicted of a crime? _____

If yes, please provide dates and details: _____

Preferred Class Time 4 p.m. to 9/10 p.m. 6 a.m. to 2:30 p.m. 8 a.m. to 4:30 p.m.

Additional information you would like to share: _____

References

Name _____

Relationship _____

Phone Number _____

Email _____

Name _____

Relationship _____

Phone Number _____

Email _____

I verify that all the information which I have provided on this application and in resumes/exhibits is true, correct and complete. I understand that false, misleading, incomplete or omitted information shall be considered cause for dismissal from the Certified Nursing Assistant Class. If my application is considered, I authorize an investigation and verification of all information and statements provided on this application. I release any and all persons or companies from any liability for releasing information or verifying statements on this application.

By signing and dating this form, I hereby swear all the above information is correct.

Signature

Date

SUBMIT COMPLETED APPLICATION TO:

Attn: Sally Waterman
Grand View Care Center
P.O. Box 27
620 Grand View Ave.
Blair, WI 54616

Or Email To: swaterman@grandviewhome.org