

CNA Class Application

(This is not an application for employment)

Name: _____ **Date:** _____

Address: _____

Telephone#: _____ **Alt telephone#:** _____

SS#: _____

Have you ever worked at NHC, Johnson City before? _____

Do you have any healthcare experience? _____

If so, explain: _____

Do you have a high school diploma or equivalent?(must provide proof to be eligible for the class) _____

Have you ever been certified as a CNA? If so,when? _____

Have you ever been convicted of a crime (other than a traffic violation)? _____

Do you have any physical limitations that would prevent you from lifting 50lbs. repetitively? _____

Please give a brief work history from the last 5 years. _____

What are your intentions once the class is completed? _____

Please use the back of this form to describe the reasons that you are interested in the CNA class.