

Application for AHC Certified Nursing Assistant Program

Provide all information requested by printing in ink or typing. Application must be completed in its entirety (dates, signature, phone, etc.) Any falsification or any information purposely omitted may result in applicant not being considered or dismissal from the program.

Applying HealthCare is an "Equal Opportunity Employer" and a drug-free workplace.

GENERAL INFORMATION

Date: _____

Name (Last)	(First)	MI	Home Telephone/Cell#
Address (Mailing)	City	State	Zip
SSN	Alternate Address/Phone Number		
Are you legally entitled to work in the U.S.? Yes No		Are you of legal age to work: Yes No	
Have you ever been employed within our System? Yes No If yes, when and what Department? _____ Do you currently have relatives working for our System? Yes No If yes, please list relatives and department.			
Have you been convicted of a felony? Yes No Optional: If yes, when and for what reason.			
All prospective candidates for the Certified Nursing Assistant will have a background check. Please sign that you are aware and agree to check.			
Signature:			
Are You physically able to meet the demands of a CNA? Yes No	Are you able to lift 50 pounds? Yes No	Are you physically able to work 8 hour shifts? Yes No Are you physically able to work 12 hour shifts? Yes No	

EDUCATION AND TRAINING

High School Graduate: Yes No : If no, last grade completed: _____				
General Education (GED) Test Passed? Yes				
College or Business School (Most Recent first)				
Name and Location	Dates attended Month/Year	Did you graduate?	Degree and Year	Major or Subject
	From:	Yes		
	To:	No		
	From:	Yes		
	To:	No		