

Unique Health School
Nurse Aide Training Program Application

Name: _____

Address: _____

Telephone (Home): _____ (Cell): _____

E-mail: _____

SSN: _____ ID#: _____

Emergency Contact Name: _____

Address: _____

Phone #: _____

Education:

Name of School	City/State	Degree/Diploma	Year Graduated

Work Experience:

1. Company: _____ Dates Employed: _____

Address: _____

Manager: _____ Phone: _____

Reason for leaving: _____

2. Company: _____ Dates Employed: _____

Address: _____

Manager: _____ Phone: _____

Reason for leaving: _____

3. Company: _____ Dates Employed: _____

Address: _____

Manager: _____ Phone: _____

Reason for leaving: _____

References

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

3. Name: _____ Relationship: _____

Phone: _____

Please read and answer the questions below. Be brief, but succinct in your answers.

1. Why do you want to be a CNA?

2. Do you have any experience in the healthcare field? If yes, please elaborate.

3. Are there any other goals or additional education you would like to pursue after obtaining your CNA license?

4. Please provide any other information you may feel we need to know in considering your application.

5. Have you ever been convicted of a crime? If so please elaborate.

6. How did you hear about Unique Health School?

Unique Health School

Documentation of Criminal History Understanding

I _____ have received a copy of Virginia law regarding criminal history records checks for employment in certain healthcare facilities and I have received a list of crimes that pose a barrier to such employment. I have received a copy of the 90-55 form from Unique school and I have reviewed its contents. I understand the law regarding criminal history and employment in my field of choice.

Student Name: _____

Student Signature: _____ Date: _____