



QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF NON-JOB-RELATED MEDICAL CONDITIONS OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

PLEASE PRINT ALL INFORMATION REQUESTED, COMPLETE ALL APPLICABLE BLANKS AND ANSWER ALL QUESTIONS. DO NOT PROVIDE INFORMATION BY WRITING "SEE RESUME". (INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED).

APPLICANT INFORMATION **THIS APPLICATION WILL REMAIN ON FILE FOR 90 DAYS.** **DATE OF APPLICATION:** _____

NAME					SSN		
ADDRESS				CITY		ST	ZIP
PHONE				CELL			
IF YOU LIVED AT THE ADDRESS LISTED ABOVE FOR LESS THAN 12 MONTHS, LIST PREVIOUS ADDRESS BELOW.							
ADDRESS				CITY		ST	ZIP

POSITION DESIRED

DEPARTMENT	<input type="checkbox"/> CERTIFIED CNA	<input type="checkbox"/> CNA CLASSES ONLY	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> NURSING ADM.	<input type="checkbox"/> BUSINESS OFFICE	<input type="checkbox"/> RECEPTIONIST
	<input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> ENVIRONMENTAL SERVICES	<input type="checkbox"/> DIETARY	<input type="checkbox"/> SPEECH THERAPY	<input type="checkbox"/> PHYSICAL THERAPY	<input type="checkbox"/> OCCUPATIONAL THERAPY	

EDUCATIONAL TRAINING

SCHOOL NAME AND ADDRESS	HIGH SCHOOL		TRADE/ASSOCIATE DEGREE		COLLEGE	
	FROM	TO	FROM	TO	FROM	TO
DEGREE EARNED						
MAJOR						
OTHER SPECIAL TRAINING						

MILITARY SERVICE RECORD

THE EMPLOYMENT OF VETERANS WILL BE CONDUCTED IN ACCORDANCE WITH STATE AND FEDERAL LAWS AND REGULATIONS.							
ARE YOU NOW A MEMBER OF A RESERVE OR NATIONAL GUARD UNIT?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE YOU IN THE ARMED FORCES		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT BRANCH		TYPE DISCHARGE	
DATES OF DUTY: FROM:				TO:			
LIST DUTIES IN THE MILITARY OR SPECIAL TRAINING THAT PREPARED YOU FOR THE POSITION YOU ARE SEEKING.							

QUESTIONNAIRE: ANSWER ALL QUESTIONS LISTED BELOW:

ARE YOU AT LEAST 18 YEARS OLD? YES NO

ARE YOU A U.S. CITIZEN? YES NO

DO YOU HAVE ADEQUATE TRANSPORTATION TO WORK ON TIME EACH DAY AND WHEN CALLED ON SHORT NOTICE? YES NO

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO ANY CRIME OR ARE YOU CURRENTLY UNDER INVESTIGATION? YES NO

ARE YOU CURRENTLY CHARGED WITH ANY CRIMINAL OFFENCE OTHER THAN TRAFFIC VIOLATIONS? YES NO

HAVE YOU BEEN RELEASED FROM CONFINEMENT FOLLOWING A CONVICTION FOR ANY CRIMINAL OFFENCE OTHER THAN A TRAFFIC VIOLATION WITHIN THE LAST SEVEN YEARS? YES NO

HAVE YOU EVER BEEN ASKED TO RESIGN, BEEN SUSPENDED OR TERMINATED FROM A JOB? YES NO

IF YES TO ANY OF THE FOUR PRECEDING QUESTIONS, PLEASE GIVE DETAILS: _____

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HOLD A G.E.D.? YES NO

DO YOU MEET THE QUALIFICATIONS FOR THE JOB YOU WHICH YOU ARE APPLYING? YES NO

DO YOU HAVE THE ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

ARE YOU PHYSICALLY ABLE, WITH/WITHOUT REASONABLE ACCOMMODATION, TO PERFORM THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

IF NO TO ANY OF THE PROCEEDING QUESTIONS, PLEASE EXPLAIN: _____

DATE YOU CAN BEGIN WORK: _____ SHIFTS YOU CAN WORK:
 7 A.M. - 3:00 P.M. 3 P.M. - 11 P.M. 11 P.M. - 7 P.M. BAYLOR 7 A.M. - 11 P.M. BAYLOR 11 P.M. - 7 P.M. OTHER

WILL YOU WORK OVER TIME WHENEVER SCHEDULED OR REQUESTED? YES NO

ARE YOU WILLING TO BE ON CALL FOR EMERGENCY SITUATIONS? YES NO

HAVE YOU EVER BEEN EMPLOYED IN A NURSING HOME OR OTHER LONG TERM CARE FACILITY
IF YES, GIVE POSITION AND DATES EMPLOYED _____

WILL YOU ACCEPT PART-TIME WORK? YES NO

WILL YOU ACCEPT TEMPORARY WORK? YES NO

DO YOU HOLD A VALID DRIVER'S LICENSE ISSUED BY THE STATE OF ALABAMA? YES NO

ANH REFERENCES

ARE YOU RELATED TO, OR DO YOU KNOW ANYONE WHO WORKS AT ALBERTVILLE NURSING HOME? YES NO

IF YES, LIST NAMES OF THESE INDIVIDUALS.

SPECIFIC JOB SKILLS FOR: RN LPN CNA PT OT JT

DO YOU HAVE TRAINING EXPERIENCE IN AREAS LISTED BELOW?

CERTIFIED NA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LONG TERM CARE EXPERIENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WORKED WITH ELDERLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HOME HEALTH CARE ECXPERIENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LONG TERM CARE EXPERIENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G-TUBE CERTIFICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VENIPUNCTURE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IV CERTIFICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU ANSWER YES TO ANY OF THE QUESTIONS ABOVE, WHERE AND WHEN DID YOU RECEIVE EXPERIENCE?

SPECIFIC JOB SKILLS FOR DIETARY

DO YOU HAVE TRAINING OR EXPERIENCE IN AREAS LISTED BELOW?

INSTITUTIONAL COOKING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MOPPING FLOORS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FAST FOOD COOKING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WAXING FLOORS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMMERCIAL-DISHWASHING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	GENERAL CLEANING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FOOD PREP/HANDLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU ANSWER YES TO ANY OF THE QUESTIONS ABOVE, WHERE AND WHEN DID YOU RECEIVE EXPERIENCE?

**SPECIFIC JOB FOR POSITION IN MAINTENANCE DEPARTMENT
DO YOU HAVE TRAINING /EXPERIENCE IN AREAS LISTED BELOW?**

ELECTRICAL/WIRING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PLUMBING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HEATING/COOLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WELDING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OPERATION OF HAND TOOLS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EQUIPMENT MAINTENANCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SPECIFIC POSSITION IN ENVIRONMENTAL DEPARTMENT
DO YOU HAVE TRAINING/EXPERIENCE IN AREAS LISTED BELOW?**

WAXING FLOORS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MOPPING FLOORS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BUFFING MACHINE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMMERCIAL MATERIALS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMMERCIAL LAUNDRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CLEANING CHEMICALS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU ANSWER YES TO ANY OF THE QUESTIONS ABOVE, WHERE AND WHEN DID YOU RECEIVE EXPERIENCE?

**SPECIFIC JOB SKILLS FOR BUSINESS OFFICE & ADMINSTRATIVE OFFICE
DO YOU HAVE TRAINING OR EXPERIENCE IN AREAS LISTED BELOW?**

MEDICARE BILLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MULTILINE PHONE SYSTEM	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MEDICAID BILLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FAX MACHINE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CALCULATOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXCEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MICROSOFT WORD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WINDOWS 7	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COPIER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LOTUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU ANSWER YES TO ANY OF THE QUESTIONS ABOVE, WHERE AND WHEN DID YOU RECEIVE EXPERIENCE?

LICENSE HELD

TYPE LICENSE CURRENTLY HELD	DATE ISSUED	ISSUED BY	RENEWAL DATE

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EMPLOYMENT INFORMATION

EMPLOYER NAME AND ADDRESS	DATE EMPLOYED		SALARY	JOB TITLE/POSITION	SUPERVISOR	REASON FOR LEAVING
	FROM	TO				

REFERENCES

NAME	POSITION	ADDRESS	TELEPHONE

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF I AM EMPLOYED, AND THE INFORMATION IS FOUND TO BE FALSE, IN ANY RESPECT, I WILL BE SUBJECT TO DISMISSAL WITHOUT NOTICE AT ANYTIME. BY MY SIGNATURE BELOW, I AUTHORIZE MY FORMER EMPLOYERS' TO RELEASE INFORMATION PERTAINING TO MY WORK RECORD, MY WORK HABITS AND MY WORK PERFORMANCE WHILE IN THEIR EMPLOY.

IN MAKING APPLICATION FOR EMPLOYMENT, I UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE BY A CONSUMER REPORTING AGENCY TO INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING, WHICHEVER MAY BE APPLICABLE. IF SUCH AN INVESTIGATIVE REPORT IS MADE, I UNDERSTAND THAT I WILL RECEIVE NOTICE THAT SUCH A REPORT HAS BEEN REQUESTED, AND THAT I WILL HAVE THE RIGHT TO MAKE A WRITTEN REQUEST FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THE INVESTIGATION.

I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF THE CENTER'S CURRENT POLICIES.

I UNDERSTAND THAT THE CENTER RESERVES THE RIGHT TO REQUIRE ITS EMPLOYEES TO SUBMIT TO BLOOD TESTS AND/OR URINALYSIS OR DRUG SCREENS, AND TO ALLOW INSPECTION OF BAGS (INCLUDING, BUT NOT LIMITED TO, PURSES OR BRIEFCASES) OR PARCELS BROUGHT INTO OR TAKEN OR OUT OF THE FACILITY. I UNDERSTAND THAT EITHER I, OR THE CENTER, WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP OR MY TITLE, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AND THAT THIS RELATIONSHIP CAN ONLY BE MODIFIED IN WRITING AND SIGNED BY THE ADMINISTRATOR.

APPLICANT

DATE



ALBERTVILLE

Nursing Home

Rehab Select

MEMO

WE ARE A DIRECT DEPOSIT FACILITY.

PLEASE NOTE THAT IF YOU ARE CALLED IN FOR AN INTERVIEW AND GET SCHEDULED FOR ORIENTATION THEN, THEN YOU MUST HAVE THE INFORMATION AVAILABLE ON THAT DAY FOR DIRECT DEPOSIT.

IF YOU DO NOT HAVE AN ACCOUNT THEN YOU MUST PROVIDE US WITH AN ACCOUNT FOR YOUR CHECK TO BE DEPOSITED IN.

AGAIN, WE ARE A DIRECT DEPOSIT FACILITY.



ALBERTVILLE

Nursing Home

Rehab Select

IT IS THE POLICY OF ALBERTVILLE NURSING HOME/REHAB SELECT TO SCREEN ALL EMPLOYEE CANDIDATES FOR CRIMINAL RECORD. BECAUSE OF THE NATURE OF THE LONG TERM CARE INDUSTRY, AND DUE TO FEDERAL AND STATE LEGISLATION AND REGULATIONS, ALBERTVILLE NURSING HOME/REHAB SELCT RESERVES THE RIGHT TO DENY EMPLOYMENT TO ANY APPLICAN WITH A CRIMINAL HISTORY THAT COULD ADVERSELY AFFECT THE RESIDENTS AND EMPLOYEES OF THE FACILITY. ANY APPLICANT WHO REFUSES TO SUBMIT TO A CRIMINAL BACKGROUND CHECK WILL NOT BE CONSIDERED FOR EMPLOYMENT. THE FACILITY HAS MADE ARRANGEMENTS WITH A THIRD PARTY T INVESTIGATE THE CRIMINALL BACKGROUNDS OF APPLICANTS.

YOUR SIGNATURE BELOW AUTHORIZES ALBERTVILLE NURSING HOME/REHAB SELECT AND ITS AGENT TO CONDUCT THIS CRIMINAL INVESTIGATION. BY SIGNING BELOW, YOU AGREE TO "HOLD HARMLESS" ALBERTVILLE NURSING HOME/REHAB SELECT FOR ANY INACCURACIES OR ERRORS CONTAINED IN THE BACKGROUND REPORT REGARDLESS OF THE REASON.

FULL NAME
(PRINTED)

FIRST

MIDDLE

LAST

ANY OTHER NAME USED: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

IF AT CURRENT ADDRESS LESS THAN 7 YEARS, LIST PREVIOUS ADDRESS

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE#: _____

APPLICANT SIGNATURE

DATE



ALBERTVILLE

Nursing Home

Rehab Select

DRUG SCREEN AUTHORIZATION

IT IS THE POLICY OF ALBERTVILLE NURSING HOME/REHAB SELECT TO REQUIRE ALL PROSPECTIVE EMPLOYEES TO PASS A DRUG SCREEN BEFORE BEING EMPLOYED. BECAUSE OF THE NATURE OF THE LONG TERM CARE INDUSTRY, AND DUE TO FEDERAL AND STATE LEGISLATION AND REGULATIONS, ALBERTVILLE NURSING HOME/REHAB SELECT RESERVES THE RIGHT TO DENY EMPLOYMENT TO ANY APPLICANT WHO TEST POSITIVE FOR THE USE OF CERTAIN DRUGS THAT COULD ADVERSELY AFFECT THE RESIDENT AND EMPLOYEES OF THE FACILITY. ANY APPLICANT WHO REFUSES TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN WILL NOT BE CONSIDERED FOR EMPLOYMENT. THE FACILITY HAS MADE ARRANGEMENTS TO PERFORM THE NECESSARY DRUG SCREEN ON ALL CANDIDATES.

YOUR SIGNATURE BELOW AUTHORIZES ALBERTVILLE NURSING HOME/REHAB SELECT FOR ANY INACCURACIES OR ERRORS CONTAINED IN THE DRUG SCREEN REGARDLESS OF THE REASON.

FULL NAME
(PRINTED)

FIRST

MIDDLE

LAST

EMPLOYMENT/APPLICANT SIGNATURE

DATE



ALBERTVILLE

Nursing Home

Rehab Select

AUTHORIZATION TO CHECK REFERENCES

_____, GIVE ALBERTVILLE NURSING HOME/REHAB SELECT
PERMISSION TO CHECK MY REFERENCES WITH MY FORMER EMPLOYER.

COMPANY NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

PHONE NUMBER _____

DATES OF EMPLOYMENT _____

JOB TITLE _____

ELIGIBLE FOR REHIRE _____

FULL NAME
(PRINTED) _____

FIRST NAME

MIDDLE INITIAL

LAST NAME

EMPLOYEE /APPLICATION SIGNATURE _____

DATE: _____



ALBERTVILLE

Nursing Home

Rehab Select

FOR OFFICE USE ONLY

APPLICANT NAME: _____ DATE OF APPLICATION: _____

LICENSURE VERIFICATION _____

DATE CHECKED: _____
LICENSE NUMBER & STATE REQUIRED: _____
NAME OF LICENSING BOARD: _____
NAME OF PERSON CONTACTED: _____

REFERENCE CHECK VERIFICATION

DATE CHECKED: _____
NAME OF REFERENCE: _____
PERSONAL OR PROFESSIONAL: _____
RESULTS OF REFERENCE: _____

DATE CHECKED: _____
NAME OF REFERENCE: _____
PERSONAL OR PROFESSIONAL: _____
RESULTS OF REFERENCE: _____

DATE CHECKED: _____
NAME OF REFERENCE: _____
PERSONAL OR PROFESSIONAL: _____
RESULTS OF REFERENCE: _____

Application for CNA Scholarship

Name _____ Date of Application _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Address _____

Contact Phone () _____

Educational Background

	Dates Attended	Program of Study	Completed? Yes/No
High School			
College			
Specialized Training			

Personal References

Reference Name	Years Known	Relationship	Contact Phone

Have you ever been employed at this facility? _____

If yes, give dates _____

Are you related to, or do you know anyone currently employed at this facility? If so, please list _____

Please tell us why you would like to become a Certified Nursing Assistant.

Print Applicant Name

Applicant Signature

Date

Acknowledgement and Agreement

I, _____, request a Scholarship to attend Nursing Assistant Academy. I understand and agree to the following information:

This is not an offer of employment. _____
(Initial)

I will be required to submit to a drug screen and background check prior to award of scholarship. _____
(Initial)

Any offer of scholarship is conditional upon results of drug screen and background check. _____
(Initial)

I will not receive pay for class attendance. _____
(Initial)

I agree to abide by Nursing Assistant Academy class rules and regulations, failure to do so can and will result in termination of scholarship. _____
(Initial)

Nursing Assistant Academy class hours are Monday through Friday, 7a.m. to 4p.m. Absence from class will result in termination of scholarship. _____
(Initial)

Scholarship can be terminated during class course. _____
(Initial)

Print Applicant Name

Applicant Signature

Date

Nursing Assistant Academy Enrollment Application

Full Name (print): _____

Address (print): _____

Contact Phone Number: (____) _____

Date of Birth: _____

Please answer the following questions, failure to answer these questions honestly may result in dismissal from Nursing Assistant Academy classes:

1) Have you ever been convicted of a crime? _____ YES _____ NO

If you answered "YES" to the question above, please provide details:

2) Are there any current charges of a crime pending? _____ YES _____ NO

If you answered "YES" to the question above, please provide details:

Nursing Assistant Academy students must be a minimum of 16 years of age. We are an ADA compliant school, any student requiring reasonable accommodation should contact the Program Administrator at: amw.nursingassistantacademy@gmail.com

Tuition for the 80-hr course is \$750.00 based on \$9.375/hr. Payment options include: 1) cash payment for total amount in advance OR guarantee of funds from sponsoring facility. In the event that tuition is paid in advance and the student is unable to attend or complete the course, a pro-rated refund will be issued for any hours not attended.

Nursing Assistant Academy applicants and interviewees will be subject to a drug test and background check at time of the admission interview. Interviewees should arrive at the designated location on time and be neat, clean, and well-groomed in appearance. Shoes are required and no overly-revealing or provocative clothing or clothing advertising alcohol, illegal substances or displaying obscenities is allowed.

Nursing Assistant Academy rules and regulations require attendance each of the 10 days within the course. No absences, either full or partial, excused or unexcused, are allowed. Failure to comply will result in dismissal from the current program. Any missed time must be made up in a following class prior to graduation. There are no exceptions.

Nursing Assistant Academy hours are not transferable to nurse aide training programs outside of Nursing Assistant Academy, Inc.

Any applicant, interviewee, or student may contact the Nursing Assistant Program Administrator directly at: amw.nursingassistantacademy@gmail.com

I, _____, have read and understand the above statements and wish to enroll in Nursing Assistant Academy training classes.

Signature

Date

NURSING ASSISTANT ACADEMY

It is the policy of Nursing Assistant Academy to screen all student candidates for a criminal background report due to clinical placement in and direct interaction with residents in a long term care facility as a required portion of training. Nursing Assistant Academy reserves the right to deny admission to any applicant with a criminal background that could adversely affect the Academy, fellow students, or long term care facility residents and patients. Any applicant who refuses to submit to a criminal background check will not be considered for admission.

Nursing Assistant Academy has made arrangements with a third party to investigate the criminal background of all candidates. Your signature below authorizes Nursing Assistant Academy and its agent to conduct this criminal background investigation. By signing below, you also hold harmless Nursing Assistant Academy and its agent for any inaccuracies or errors contained in the background report, regardless of the reason.

Have you ever been convicted of or are you being tried for any crime other than a minor traffic violation?
_____ YES _____ NO

PRINTED NAME: _____
 FIRST MIDDLE LAST

OTHER NAMES USED/ALIAS: _____
 FIRST MIDDLE LAST

CURRENT ADDRESS: _____

**SOCIAL SECURITY NUMBER: _____ - _____ - _____ **DATE OF BIRTH: ____/____/____

**DRIVER'S LICENSE NUMBER: _____ **STATE OF ISSUE: _____

**MALE or FEMALE (circle one) **RACE: _____

** Without this information we will be unable to properly identify you in the event we find adverse information during the course of the background check.

I, _____, hereby certify that the above information is true and correct. I understand that falsification of any of the above information may lead to denial of admission to Nursing Assistant Academy.

SIGNATURE: _____ DATE: _____

It is the policy of Nursing Assistant Academy to require all student candidates to pass a drug screen due to clinical placement in and direct interaction with residents in a long term care facility as a required portion of training. Nursing Assistant Academy reserves the right to deny admission to any applicant with a positive result for any illegal substances or even legally controlled medications without a prescription. Any applicant who refuses to submit to a drug screen will not be considered for admission.

Your signature below authorizes Nursing Assistant Academy to perform pre-admission drug screening. By signing below you also agree to hold harmless Nursing Assistant Academy for any errors or inaccuracies contained in the drug screen, regardless of the reason.

SIGNATURE: _____ DATE: _____