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| C:\Users\HPUser\Desktop\unnamed.png Avid cna school  Student Application |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STUDENT Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | | First |  | | | | | | | | M.I. | | DOB | |  | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | County | | | |  | |
| City |  | | | | | | | | | | | State |  | | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | | E-mail Address | | |  | | | | | | | | | | | |
| Desired Schedule | | | |  | | | | | | Desired Clinical Day | | | Emergency Contact Info:  Name | | | | | | | Phone # | | |  | | | |
| How did you hear about us? | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | YES | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | YES | | NO |
| Have you taken CNA class before? | | | | | | | | | YES | | NO | | If so, when? | | | |  | | | | | | | | | |
| Are you between the ages of 18-24? | | | | | | | | | YES | | NO | |  | | | |  | | | | | | | | | |
| Have you had IL HCW Background Check? | | | | | | | | | YES | | NO | | If so when? | | | | **Fee App Result: (Office Use Only)** | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | YES | | NO | | If yes, explain | | | |  | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | |  | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
| College | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
| Insurance Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy Holder: Phone: Employer: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Identification Number | | | Insurance Name: | | | | | | | | | | | Group Number | | | |  | | | | | | | | |

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| Current Employment | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | Phone |  | | | | | |
| Address | |  | | | | | | | |  | |  | | | | |
| Job Title | |  | | | | | | Responsibilities | |  | | |  | | |  |
| From |  | | | | To |  | Reason for Leaving | |  | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | Date |  | |