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| C:\Users\Timmy\Desktop\Avid Logo.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 |  |