

b) Name and Address of Last School attended

4. Current Employment

Employer _____

Address _____

Phone Number _____

Current Position _____ Years employed _____

Describe Job _____

5. Emergency Contact Information

Name _____ Phone/Cell _____

Address _____ Relationship _____

Name _____ Phone/Cell _____

Address _____ Relationship _____

I certify that I _____, an applicant for the CNA Course, have no history of conviction of any felony such as theft, abuse, assault, or neglect that have a detrimental effect on the clients served during the CNA course either in the classroom or during clinical in a hospital or nursing home facilities.

I certify that the information supplied herein is true to the best of my knowledge and I have read and understand that any falsifications of information are grounds for refusal of this application.

Signature of Applicant

Date

Reviewed by ACT Staff/Officer

Date

Amount received:

_____ or _____
Cash Check Date