

Nursing Assistant
Class Application

Name: _____ Date of Birth: _____ Application Date: _____

Street Address: _____

City, State, & Zip: _____

Phone Number: _____ Social Security Number: _____

Please answer the following questions:

Have you ever worked in a nursing home under any job classification? ____ yes ____ no

Are you currently employed at a nursing home? ____ yes ____ no

Why are you interested in becoming a State Tested Nursing Assistant?

Education

Name of School & Address	Academic Major	Number of years attended	Diploma

Conditional Statements

1. You will need a tuberculin test prior to beginning the class. You must test negative to be eligible for the class and clinical. You will need to bring a copy of the test results with you to the first day of class
2. You will be expected to sign and honor Mary Rutan Hospital Confidentiality Policy.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind.

Signed: _____ Date: _____

Office Use Only:

Date Application Received: ____/____/____

Date checked NRA: ____/____/____ Results: _____ Checked by: _____