



Certified Nursing Assistant and Geriatric Nursing Assistant (CNA/GNA)
APPLICATION

PRINT CLEARLY

PERSONAL DATA

Date

Name Last First Middle Maiden

Address Street Apt. # City State Zip

Social Security No. Date of Birth (month/day/year)

Home Phone Mobile Phone

Alternate Phone e-Mail Address

Gender: Male Female Race/Ethnicity: Hispanic/Latino White African American/Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

EMERGENCY CONTACT/NEXT OF KIN

Name First Last Relationship

Address Street Apt. # City State Zip

Home Phone Mobile/Work Phone

PRE-SCREENING QUESTIONS Continue answers on reverse, if necessary.

- 1. How did you hear about It Works? TV Radio Internet Craigslist Flyer Friend/Family Other:
2. Have you ever applied for enrollment in an It Works class before? Yes No If Yes, explain.
3. What is the source of your tuition? Income/Paycheck Friend/Family Employer Other:
4. Do you have any current State of Maryland Tax Liens? Yes No If Yes, how much?
5. Do you have a valid government issued picture ID? Yes No
6. Do you have your original Social Security Card? Yes No
7. Do you have a Birth Certificate, Passport or proof of address? Yes No
8. Do you have a Permanent Resident/Green Card or I-94? Yes No If Yes, which?
9. Did you previously have your CNA or GNA license? Yes No If Yes, explain.
10. Do you have a High School Diploma or G.E.D.? (not required) Yes No
11. When are you Working or in School? Identify times/shifts:
12. Identify all appointments that may prevent you from attending class:
13. If enrolled in this class, will you be able to attend ALL weeks of class? Yes No INITIAL
14. If enrolled in this class, will you commit to pay \$1,800 in tuition? Yes No INITIAL
15. Where do you want to work?
16. When do you want to work? Shift: Day 7am-3pm Eve 3pm-11pm Night 11pm-7am Other: Days: Full-Time Part-Time Weekend PRN Other:

EDUCATIONAL BACKGROUND

Table with 4 columns: NAME, CITY/STATE, DEGREE/PROGRAM, GRADUATION DATE. Rows for High School, Technical School, and College.

PRE-EMPLOYMENT SCREENING

Are you willing to submit for a criminal background check and drug screen? Yes No

Have you ever been arrested, charged with a crime, listed as a defendant or discussed your case with a judge? Yes No

If Yes, explain ALL instances, noting dates (year of occurrence), charges (misdemeanor or felony), status/outcomes (Pending, Warrant, Guilty, Not Guilty, PBJ, Nol Pros, Stet, etc.), and relevant details, including ALL expunged records, regardless of age, date or relevance. Parking and traffic tickets need not be disclosed. Use reverse if needed.

DATES	CHARGES	STATUS/OUTCOME	DETAILS

PROGRAM REQUIREMENTS

PROFESSIONALISM: Students must be willing to learn, able to work on a team and have a focused and committed demeanor, including appropriately exhibited attitude, behavior, class participation, attention to timeliness/lack of tardiness, good communication skills, work ethic and people skills. INITIAL _____

PHYSICAL ABILITIES: Students will be required to meet the same physical demands as are required by employees of this facility. This includes intermittent and even prolonged physical activity, such as walking, standing, sitting, and lifting as much as 50 lbs. or more. If you have any pre-existing condition that may prevent you from performing any skills or activities required of students attending this program, written verification must be provided from your physician, stating that there are “no activity restrictions.” INITIAL _____

HONESTY: Students need to possess strong integrity and trust. Lying, cheating, stealing or other dishonest or unacceptable behavior will not be tolerated and are grounds for immediate removal from this program. INITIAL _____

ATTENDANCE: A minimum of 90% classroom and 100% clinical attendance is required; lateness will be factored into attendance. INITIAL _____

GRADES: All classroom modules must be completed with an average score of 80%. A score of 80% or better must be achieved on the final exam. INITIAL _____

OTHER: All other obligations to the sponsoring facility and It Works Learning Center, Inc. must be met. INITIAL _____

PRIOR WORK EXPERIENCE Begin with your most recent employment, and continue on the reverse if needed.

Name, Address & Phone	Start Date	End Date	Pay Rate	Position/Title	Supervisor	Reason for Leaving

I understand that, if I am accepted into this training program, false statements on this application or providing falsified documents will be considered sufficient grounds for my declination or removal. I understand and agree that my acceptance into this training program is contingent upon a satisfactory criminal background check. I further understand that a drug screen may be conducted and a positive test will automatically disqualify me from consideration for this program.

I hereby authorize It Works Learning Center, Inc. and its agents to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background, including, but not limited to, information about my employment, education, driving record, criminal record, and general public records history. I consent to the release of this application and all other information, documents and agreements that I provide to or enter into with It Works Learning Center, Inc. to the facility hosting the training, and, if different, the employer where I am seeking employment, as well as any source of my tuition. I consent to photos being taken of me and used in promotional and marketing materials, for which I will receive no compensation. Following completion of this training program, I furthermore consent to the release of my employment information by my employer to It Works, to include my hire date, pay rate and, if applicable, separation date and reason. I release the aforesaid parties from any liability and responsibilities for collecting or sharing the above information. I believe to the best of my knowledge that all information I have provided is accurate, true and correct.

Signature Print Name Date
 If you have any questions or need further information on this or other It Works Learning Center, Inc. programs, please call (410) 626-0200 or visit us at www.itworkslearning.com.