

STAND ON PROMISE CNA PROGRAM APPLICATION

Program Name: _____

Personal Information

- **Full Name:** _____
 - **Date of Birth:** _____
 - **Social Security Number:** _____
 - **Address:** _____
 - **City, State, ZIP:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

Emergency Contact

- **Name:** _____
 - **Relationship:** _____
 - **Phone Number:** _____
-

Education

- **High School Attended:** _____
 - **Graduation Date (or GED):** _____
 - **Other Education or Training:** _____
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Certifications (Attach copies)

- CPR/First Aid Certified? ☐ Yes ☐ No
 - Provider: _____ Expiration Date: _____
 - TB Test Result (within last year): ☐ Negative ☐ Positive
 - Test Date: _____
 - Tdap Vaccine (within 10 years): ☐ Yes ☐ No
 - Date Received: _____
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Employment / Volunteer History

1. **Organization Name:** _____

Position: _____

Dates: _____

Duties: _____

2. **Organization Name:** _____

Position: _____

Dates: _____

Duties: _____

Have You Ever Been Convicted of a Crime (Other Than a Minor Traffic Violation)?

☐ Yes ☐ No

If yes, please explain:

Physical Requirements

Are you able to lift 50 lbs and stand for long periods of time?

☐ Yes ☐ No

Short Essay: Why Do You Want to Become a Nurse Aide?

References (Personal or Professional)

1. **Name:** _____
Relationship: _____
Phone: _____
2. **Name:** _____
Relationship: _____
Phone: _____

Applicant Certification and Signature