

Please Choose a Class

- 32 Hour Medication Aide
- 68 Hour Medication Aide
- CPR Class



APPLICATION FOR TRAINING PROGRAM

Personal Information

Name _____
Last First Middle/Maiden

Address _____

Apt. No. _____ City _____ Zip _____

Home Phone No. () _____ Cell Phone No. () _____

Are you 17 or older? Yes No

A. Have you ever applied to the program before? Yes No

B. If you are applying for CPR class, are you a health care provider? Yes No

1. If you answer yes, do you need renewal or is this a new certification?

Renewal

New Certification

How did you learn of the Training Program?

- Family/Friend/Word of Mouth
- Internet/Website
- Newspaper
- Television
- Other

School Level Completed _____

Please list the names of three references to whom you are not related and that you have known at least three years.

Name	Address	Phone Number	Years Acquainted

EMERGENCY NOTIFICATION

- 1. Name _____ Relationship _____
Address _____
Phone No. () _____
- 2. Name _____ Relationship _____
Address _____
Phone No. () _____

Have you been convicted of a new crime other than a traffic violation? Yes No

If yes, briefly explain. _____

Write a short paragraph on your work ethics and attendance on the job or in school:

Being a health care provider can be a physically demanding career, sometimes requiring moving and lifting a client. Are there any physical limitations that would prevent you from moving and/or lifting a client? Yes No

If yes, briefly explain. _____

Explain briefly why you feel you would be a good candidate for this training program:

Applicant's Full Name _____

Date _____