CERTIFIED NURSING ASSISTANT & PHELBOTOMY APPILCATION FORM

ASSIST ONE MEDICAL CENTER
1116 Voorheis Rd, Waterford MI

Assist 1 Medical Center's Certified Nursing Assistant Program is committed to providing the best possible training to give you the skills and experience needed to be fully prepared to work in the healthcare field. Please carefully read and fill out the information below. We look forward to seeing You!

APPILCATION INFORMATION

Program Applying For: _____

Full Name: _____ D.O.B: ___/___/_____

Address: _____ City:_____ State ____ Zip Code: _____

Phone: _____ Email: _____ M ____ F____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Are you a U.S Citizen? Yes ___ No____ If not, Are you eligible to work in the U.S: Yes ___ No _____

Have you ever been convicted of a Felony? Yes ___ No___ If yes, explain:

Will you be taking your state certification test through Assist 1 Medical Center? Yes ___ No ___

If yes, tuition cost may be slightly altered. Please contact the Assist 1 Medical Office to inquire about our fee schedule if you have any questions.

EDUCATIONAL BACKGROUND

High School: Address:

From: To: Did you graduate? YES __ NO __ Degree:

College: Address:

From: To: Did you graduate? YES __ NO__ Degree:

Other: Address:

From: To: Did you graduate? YES __ NO__ Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

Previous Employment

Company: Phone: ( )

Address: Supervisor:

Job Title: Starting Salary: $ Ending Salary: $

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: Phone: ( )

Address: Supervisor:

Job Title: Starting Salary: $ Ending Salary: $

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES ☐ NO ☐