

**APPLICATION FOR NURSING ASSISTANT CLASS**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Best time to call you is \_\_\_\_\_ am/pm

Email address \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Class Session Applied for \_\_\_\_\_

Why do you want to be a Certified Nursing Assistant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grace Lutheran Foundation's Certified Nursing Assistant Program has a strict attendance rule; absence from class for any reason is not tolerated. If you would be accepted into the class, would you be able to meet the attendance requirements of the class? \_\_\_\_\_**

**Have you ever been employed by Grace Lutheran Foundation or its affiliates? If yes, give dates and locations \_\_\_\_\_**

\_\_\_\_\_

Level of education (years completed) \_\_\_\_\_

Are you currently a student? \_\_\_ If yes, indicate school and major \_\_\_\_\_

\_\_\_\_\_

**Answering "yes" to the following question does not constitute an automatic bar to the Program. Factors such as date of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. All Program students are required to complete a Background Information Disclosure and information will be obtained from the State Crime Information Bureau.**

**Have you ever pled "guilty", "no contest" to, or been convicted of a crime? \_\_\_\_\_**

If yes, please provide dates and details \_\_\_\_\_

Describe your employment experience (include name of employers, dates of employment, positions, and reason for leaving)

Additional information you would like to share: \_\_\_\_\_

I hereby declare the information provided by me in this Application is true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application shall be considered cause for dismissal from the Certified Nursing Assistant Class.

I authorize persons, schools, my current employer and previous employers and organizations named in this application to provide any relevant information that may be required to arrive at a decision concerning my participation in the Certified Nursing Assistant Class.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT COMPLETED APPLICATION TO:**

Attn: Nursing Assistant Training  
Grace Lutheran Foundation  
3410 Sky Park Boulevard PO Box 287 Eau Claire, WI 54702  
Or email to [KGoldbeck@graceluthfound.com](mailto:KGoldbeck@graceluthfound.com)