

**APPLICATION FOR CERTIFIED NURSING ASSISTANT CLASS
GRACE LUTHERAN FOUNDATION, INC.**

Name (please print) _____

Email Address _____

Address _____

Telephone _____ Best time to call you is _____ am/pm

May we contact you at work? _____ If yes, work number _____

Are you 18 years of age or older? _____ Class applied for (date) _____

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 American Lutheran Homes? _____

If yes, please give dates and locations _____

Have you ever submitted an employment application with Grace Lutheran Foundation or American Lutheran Homes? _____

If yes, when and position applied for _____

Level of education (years completed) _____

Are you currently a student? _____

If yes, indicate school and major/program _____

Answering “yes” to the following question does not constitute an automatic bar from 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

EMPLOYER	DATES OF EMPLOYMENT	POSITION	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 Blvd.
PO Box 287
Eau Claire, WI 54702**