

**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 \_\_\_\_\_

**EMAIL APPLICATION TO:**  
 ATTN: Lindsay Wickham  
 Lindsay.Wickham@graceluthfound.com

**OR MAIL APPLICATION TO:**  
 ATTN: Nursing Assistant Training  
 Grace Lutheran Foundation  
 3410 Sky Park Blvd., PO Box 287  
 Eau Claire, WI 54702