



Faith Healthcare Training Center  
Certified Nursing Assistant Program Application

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Are you at least 18 years of age? Yes  or No

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a citizen of the United States? Yes  or No

Gender: Male  Female  Prefer not to say

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Student ID / Driver's License Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about Faith Healthcare Training Center? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  or No

If yes, please include specific information with your application on a **separate form** including the date of felony charge, nature of felony, which court and the final outcome. Include copies of the court documentation if available.

Do you have any physical condition or any other condition(s) which would limit your ability to perform essential job-related functions? Yes  or No  If yes, specify those restrictions or accommodations.

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

Why are you pursuing to become a Certified Nursing Assistant (CNA)?

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Do you have any experience in the healthcare field? Yes  or No  If yes, please elaborate.

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Are there any other goals or additional education you would like to pursue after obtaining your CNA license?

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Please provide any other information you may feel we need to know in considering your application.

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### **Emergency Contact**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **Education History**

Did you graduate from high school? Yes  or No

High School Name / Graduation Date / City and State

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Did you obtain a GED or equivalent education? Yes  or No

Program Name / Completion Date / City and State

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Did you graduate from college? Yes  or No

College Name / Graduation Date / City and State

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**Employment History**

Employer Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Manager Name and Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Manager Name and Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Manager Name and Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References (at least one)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please bring the following:**

- Social Security Card
- Valid State Issued ID / Driver's License / Valid Passport
- High School Diploma / Transcript / Equivalent
- TB (PPD) Skin Test or Chest X-Ray (within the last 12 months)
- Physical Exam (within the last 12 months)

\_\_\_\_\_ Date: \_\_\_\_\_  
Name of Student:

**Please save and e-mail completed form to: [info@faithhtc.com](mailto:info@faithhtc.com)**

\_\_\_\_\_  
**PLEASE NOTE: Signature is not required until student has been accepted into program.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature: