

Northern Penobscot Tech Region III

35 West Broadway

Lincoln, ME 04457

Phone – 794-3004 Fax – 794-8049

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

PERSONAL:

NAME: _____

ADDRESS: _____

TELEPHONE: H _____ W _____

EDUCATION: High School _____ diploma _____ GED

Name and address of high school:

Name and address of post-secondary education and highest degree acquired:

Employment History:

1.

MOST RECENT EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ THRU _____

REASON FOR LEAVING: _____

2.

EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ THRU _____

REASON FOR LEAVING: _____

3.

EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ THRU _____

REASON FOR LEAVING: _____

PERSONAL REFERENCES, Name, Complete Address and Telephone number

1.

2.

3.

Criminal Background Check

Please answer the following questions:

1. Have you **ever** been denied a nursing assistant certificate/license?
Yes _____ No _____
2. Have you **ever** had **any** disciplinary action (probation, suspension, revocation or reprimand) taken against your nursing assistant certificate/license?
Yes _____ No _____
3. Have you **ever** been convicted of **any** crime under the laws of Maine?
Yes _____ No _____
4. Have you **ever** appeared in **any** court, paid any fine or been put on probation?
Yes _____ No _____
5. Have you **ever** been convicted of **any** crime under the laws of any other state?
Yes _____ No _____
6. Have you **ever** been convicted of **any** crime under the Federal law of the United States
Yes _____ No _____

On the back, please comment if you answered yes to any of the above questions 1-6. If you have answered "yes" to questions #1 or #2 above, you must attach an explanatory letter with the location, and date of each

occurrence. If you have answered “yes” to questions # 3, #4, #5 or #6, please attach court documents pertaining to each conviction. If you are not sure if you have been convicted of a crime, you must attach an explanatory letter.

I wish to be considered as an **applicant** for the Certified Nursing Assistant Program at **Northern Penobscot Tech Region III**. I have provided proof of educational transcripts to you.

I have read and understand the admission qualifications for this program. **If accepted, I agree to abide by the rules and regulations of the program.** I understand my references will be checked.

Failure to furnish all information on education, employment and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal from this program.

My signature below also **gives you permission to conduct an SBI check. I understand that I cannot participate in the clinical experience until the SBI check has been returned to you.**

Falsification of information of this application is reason for dismissal.

Signature _____ Date _____

Please print name: _____

A State Bureau of Identification (SBI) check will be initiated by this application process. Upon successful completion of this program, the results of this SBI check will be forwarded to the State of Maine Registry for Certified Nursing Assistants along with the certificate and application.

Please provide the following information:

Name	Maiden Name	List of Former Last Names	Social Security Number	Date of Birth

Please read and answer the following questions in writing:

What does a C N A do in his/her job?

Why do you want to work as a C N A?

Do you understand that you will spend several hours of this program doing hands on work with the elderly and or ill persons?

Have you had any experience working with the elderly and/or ill persons? If yes, when and where?

Interviewer Signature_____

Date:

Instructor Signature_____

