



Application for Certified Nursing Assistant Program

Submit application to: ejenkins@stelizabethcommunity.org

Basic Information

Name:

Address:

City _____ State _____

Zip Code _____

Phone: Cell # _____

Alternative # _____

Email Address:

Emergency Contact and Relationship:

Saint Elizabeth Community requires all students and/or employees undergo a National Background Check. Your BCI must be clear of both misdemeanors and felonies to be eligible for our program and future employment.

Do you anticipate this being a problem for you?

Yes _____ No _____ Unsure _____

If you answered YES to the above – Please stop and speak with your instructor before moving forward with your application!

Tell Us About Yourself

How did you find out about the Saint Elizabeth C.N.A Training Program?

Website _____ Google _____

Facebook _____ Instagram _____

Indeed _____ LinkedIn _____

Employee _____

Other (please specify) _____

Were you referred by a Saint Elizabeth Community Employee?

Yes _____ No _____

If yes, please indicate who referred you:

Tell us a little about yourself:

Why do you want to be a C.N.A?

In your own words please describe what you think a C.N.A does?

Have you ever worked in the Health Care Field? If yes please briefly describe your experience:

Are you willing to commit to attending and participating in class and a clinical rotation for seven weeks? Class will be five days per week:

Yes ____ No _____

What shift would you be interested in working?

1st ____ 2nd _____ 3rd _____

Are you available to work on the weekends?

Yes ____ No _____

Do you have access to a computer and the Internet?

Yes ____ No _____

Do you have anything that might prevent you from attending class or the clinical rotation?

Transportation _____ Childcare _____

Employment _____ Other _____