Submit by Email | Print Form

# FHC FRONTIER HEALTH CARE SERVICES

**Nurse Aide Training Program**
**Application for Admission**

I plan to enroll in the class for: ____________ (Circle: AM / PM)
Month Day Year

Date ____________

Circle one of the following: Facility-Sponsored Student ○ Private Pay Student ○ Industry-Training Student ○

How did you hear about us? Please check one of the following:
Referral: Name________________________ Employment Guide☐ Internet☐ Other________________

## PLEASE PRINT ALL INFORMATION CLEARLY

Full Name ____________________________________________________________
Last First Middle

Mailing Address: ____________________________________________________________
Street City State Zip

Social Security # _________________________ Date of Birth _______________

Home Phone Number _____________________ Cell Phone Number ___________________

In Case of Emergency, Notify________________________ Phone Number _______________

**Education History**: List High School, College or other schools attended including other Nurse Aide Training Programs.

| School | City & State | Date Started | Date Left | Reason for leaving |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Employment History**: List your two most recent positions.

| Employer | City & State | Date Started | Date Left | Reason for leaving |
|---|---|---|---|---|
| | | | | |
| | | | | |

Is your general State of health? Excellent Good Fair

I declare the above statements to be corrected and that I have read (or have had read to me) and agree to the expectations and conditions included in this form.
Signed ____________________________________________ Date ____________________

**For Private Pay Participants**: If you are paying for your own training, you must read the statement below.

I am not working in a long-term care facility and have not been offered a job in a long-term facility.
Signed: ____________________________________________ Date ____________________

**For Sponsoring Agency Only**: To comply with State Regulations, the following information must be complete. PLEASE PRINT CLEARLY.

Name of Facility ______________________________________________________________

Contact Person ________________________________ Contact Phone Number ___________________

Hire Date __________________________