

# Future Nurse Learning Center

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Interested in:

## APPLICATION FOR NURSE AIDE TRAINING

Day Class \_\_\_\_\_

Evening Class \_\_\_\_\_

Please read carefully, write clearly, and answer all questions.

**Federal and State Laws prohibit discrimination because of race, color, creed, age, sex, marital status, national origin, physical or mental impairment or medical condition.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex: \_\_\_M\_\_\_F

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you willing to take and pass a drug test in order to be accepted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to have and pass a Criminal Background Check? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to have a TB test completed? \_\_\_\_\_ Yes \_\_\_\_\_ No If positive, a chest x-ray? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to provide an immunization record? \_\_\_\_\_ Yes \_\_\_\_\_ No/Two forms of identification? \_\_\_\_\_ Yes \_\_\_\_\_ No

(All fees, except possible chest x-ray, are included in the initial cost of the program.)

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain (including date) \_\_\_\_\_

Education: High School/GED \_\_\_\_\_ Graduation Date \_\_\_\_\_

Technical College \_\_\_\_\_ Graduation Date \_\_\_\_\_

Jr. College/College/University \_\_\_\_\_ Graduation Date \_\_\_\_\_

References – Please give names, phone numbers/or email addresses of persons that may be contacted to verify your having suitable characteristics to qualify for nurse aide training.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Work History: What type of job have you had or currently have? \_\_\_\_\_

**AFFIDAVIT** – I certify that the answers given by me to the above questions are true and correct with no consequential omissions of any kind whatsoever. I grant permission to check my references listed above. I understand that this information will be used solely for the determining my qualifications for training. I agree that Future Nurse Learning Center and/or the owner shall not be liable in any respect, if I am not accepted into the training program. I authorize any person named above to give any information needed as to my character and will release any liability for damage caused by issuing this information. If accepted into the program I agree to abide by all the rules and policies of the Future Nurse Learning Center. If for some reason, I cannot pass the certification test, I will not hold the learning center responsible.

Signature \_\_\_\_\_ Date \_\_\_\_\_