

Great Lakes Academy

25660 Dixie Hwy, Perrysburg, Ohio PH: 419- 872 5343

STNA-TRAINEE APPLICATION

Please type or print clearly

Date _____

PERSONAL INFORMATION

Name: _____ Alias _____ SS# _____

Home address _____ City _____ State _____ Zip _____

Phone (Day) _____ (Eve) () _____ Cell Phone () _____

***Do you understand that this is a class with no allowances for absentness? Yes _____ No _____

***Do you have dependable transportation to class: You cannot miss any class hours or clinical. Yes ___ No ___

*****YOU CANNOT MISS OR BE LATE TO CLASS.*****

Comments: _____

CONTACT IN CASE OF EMERGENCY: We must have two contacts for emergency purposes.

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

EDUCATION: Do you have a GED? Yes ___ No ___ Year completed _____ School _____

Level	School	Address/City./State/Zip	# Years Completed	Date Completed
High school				
Trade School				
College				

WORK EXPERIENCE: Give two references: 1.) Job related to the field of Health care 2.) Current employer.

Company experience that relates to this field: _____ Dates _____

Address _____ City _____ State _____ ZIP _____ Phone _____ Supervisor _____

What was your job title and how will that relate to this field? _____

Current employer: _____ Dates _____ / _____

Address _____ City _____ State _____ ZIP _____ Phone _____ Supervisor: _____

What skills did you use in this setting? _____

Please list what field you may use this training in:

- Home Care Nursing Home Hospital Hospice Nursing MRDD field

REFERENCES

These people will be contacted for a reference: Personal or work related: (must give a phone number to contact)

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Hm. Phone _____ Cell: _____ Work: _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Hm. Phone _____ Cell: _____ Work: _____

VERIFICATIONS

Verification	Date Received	Results	Comments
Inventory of experience, reading and number skills			
References			
TB screening			

Attach additional pages if necessary.

If accepted into the Great Lakes Academy Nurse Aide Training Program, I will comply with the Policies and guidelines of the NATCEP as well as those policies which may apply from my home facility. I certify that the above information is true and correct:

Signature Applicant _____ Date _____

Office use:

Interviewer _____ **Date** _____

Application _____
Appearance _____
Inventory _____

Facility forms
TB screening _____
Background check _____

Comments:

