

**CNA Training for Displaced Dayton-Area Workers
(#OHIOSTRONGPCATRaining)**

TRAINING APPLICATION

Please complete the entire application and email to kstevens@info4seniors.org

1. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Do you live in Montgomery County: _____

If not, in which county do you live? Greene Clark Miami Darke Preble Champaign
Logan Shelby

Have you lived in the state of Ohio for the past 5 years? Yes / No

If not, when did you move to Ohio? _____

Driver's License Number (State/Number): _____

Last 4 of Social Security Number: _____

(please only include the last 4 numbers and not the entire Social Security Number)

2. Applicant Contact Information

Phone: _____ Cell / Home

Email: _____

Best Time and Method of Communication: Morning / Afternoon / Evening, Email / Phone / Text

3. Applicant Education History

Do you have a High School Diploma or GED? Yes / No

Details: _____

Additional Education? _____

4. Applicant Work History

Please list the names and dates of your last three employers:

Name of Company: _____ Position Held: _____

Dates of Employment: _____

Name of Company: _____ Position Held: _____

Dates of Employment: _____

Name of Company: _____ Position Held: _____

Dates of Employment: _____

5. Experience with Caregiving

Have you had any paid or unpaid experience caregiving of parents, grandparents, children, neighbors, etc.? Yes / No

Details: _____

6. Availability for Training

Are you available for Certified Nurse Aide (CNA) training full time or part time?

Are you available for Certified Nurse Aide (CNA) training in the morning, daytime or evening?

7. Availability for Work

Are you available for STNA work full time or part time?

0-10 hours/week _____ 11-20 hours/week _____ 20-30 hours/week _____ 30-40 hours/week _____
40+ hours/week _____

8. Criminal Background

Have you been convicted of a misdemeanor or felony? Yes / No

If yes, please describe below:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application.

APPLICANT SIGNATURE

DATE