

Providence Health Care CNA Class Application

Thank you for your interest in Providence Health Care's CNA Class! Please complete this application and return it to Erin Brown, Human Resources. Providence Health Care will contact you once your application has been processed. There is a 100.00 administration fee for the class. 50.00 will be due upon acceptance/pre-screening process. The remaining 50.00 will be due on the first day of class. Students will also be required to pay the 75.00 fee for their State Testing at the end of the class. The 75.00 test fee will be reimbursed to those that employ with PHC.

Date:

How did you hear about us?

Contact Information

Name:

Phone Number:

Address:

Special Skills:

Emergency Contact

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

References

Name:

Phone Number:

Relationship:

Years Known:

Name:

Phone Number:

Relationship:

Years Known:

Name:

Phone Number:

Relationship:

Years Known:

Why are you interested in Health Care?

Education

Name of School:

Type of diploma/certificate:

Graduate?

Name of School:

Type of diploma/certificate:

Graduate?

Previous Employment	
Employer:	Dates Employed:
Address:	Phone Number:
Job Title:	May We Contact:
Supervisor:	Hourly Rate:
Reason For Leaving:	
Employer:	Dates Employed:
Address:	Phone Number:
Job Title:	May We Contact:
Supervisor:	Hourly Rate:
Reason For Leaving:	
Employer:	Dates Employed:
Address:	Phone Number:
Job Title:	May We Contact:
Supervisor:	Hourly Rate:
Reason For Leaving:	
Applicant Signature:	