



For more information and to submit your application, contact:

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Application for CNA Training Program

This application **must** be completed fully. Incomplete applications **will not** be considered.

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Phone #: _____
Home Cell Other

Email: _____

Tennessee regulations require that you must be at least **18 years old** to attend the Nurse Assistant Program.

Are you at least 18 years of age? YES NO

Have you ever been convicted of a misdemeanor? YES NO

Have you ever been convicted of a felony? YES NO

If yes, state the offense, location, date and disposition of each misdemeanor or felony:

Have you ever worked for Memphis Jewish Home & Rehab (MJHR)? YES NO

If yes, list date(s) and positions:

Have you previously been employed under name or alias? YES NO

If yes, list the name or names you used:

How did you hear about this program at MJHR?

Describe any specialized training you have that you believe is relevant to the Nursing Assistant Program.

EDUCATION

NAME AND ADDRESS	# YEARS COMPLETED	DID YOU GRADUATE?	MAJOR FIELD OF STUDY/DEGREE
High School:			
Other:			Degree Earned:
Trade School:			Degree Earned:

WORK EXPERIENCE

List your employers in consecutive order beginning with your current or most recent employer. If self-employed, list firm name and provide your business/customer references. If there is no work experience, please indicate with N/A. Note: your present employer **will not** be contacted.

Employer Name	Telephone Number	Address
Nature/Type of Business		
Employed From (mm/yyyy)	Employed To: (mm/yyyy)	Supervisor Name & Title
Your Job Title	Pay Rate: <i>Beginning</i>	Pay Rate: <i>Ending</i>

Employer Name	Telephone Number	Address
Nature/Type of Business		
Employed From (mm/yyyy)	Employed To: (mm/yyyy)	Supervisor Name & Title
Your Job Title	Pay Rate: <i>Beginning</i>	Pay Rate: <i>Ending</i>

***Incomplete applications will not be considered. ***

***Enclose: Copy of Driver License, Additional form of ID (i.e. SS Card, Birth Certificate), Copy of Diploma or GED, CPR (if completed), TB Skin Test (if completed)**

Memphis Jewish Home & Rehab we will not discriminate against any individual based on race, color, sex, national origin, age, religion, marital status, sexual orientation, gender identity, gender expression, military or veteran status, disability, or any factors prohibited by federal, state or local laws. No question in this application is intended to secure information to be used in a discriminatory way.

1. I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that any misrepresentation, falsification or omission of any fact in this application, my resume or other materials I provide is grounds for dismissal from Memphis Jewish Home & Rehab (“MJHR”) Nurse Assistant Program.
2. I authorize any of the persons or organizations referenced in this application to furnish information concerning my previous employment, education or other information they may have, personal or otherwise, including the reason for termination of my employment if applicable, my work performance, abilities, and other qualities pertinent to my qualifications for employment, and I release all such parties from all liability for any damages arising from furnishing such information to MJHR and/or its designee.
3. I understand that in processing my application for education, MJHR may verify all of the information provided by me. I also understand that although my application will be given every consideration by MJHR, receipt of my application by MJHR does not imply that I will be offered acceptance in to the MJHR Nurse Assistant Program.
4. I understand that if I receive an offer of acceptance from MJHR it will be contingent upon my successful completion of MJHR’s screening process including, but not limited to, receipt of references satisfactory to MJHR.
5. I understand that if I am a student of MJHR, I will be required to consent to and successfully pass a screening for alcohol and/or drugs and to authorize MJHR and/or its designee to conduct a background check. I also understand that if I am a student of MJHR, I may be required to submit to additional screens for illegal use of drugs and/or testing for alcohol when requested by MJHR.
6. If I am a student of MJHR, in consideration of such education I agree to comply with MJHR’s policies, rules, regulations and procedures, as set forth in MJHR’s student handbook and I acknowledge that these policies, rules, regulations and procedures may be changed, interpreted, withdrawn, or added to by MJHR at any time, at MJHR’s sole option without any prior notice to me.
7. If I am accepted into the MJHR Nurse Assistant Program, I understand that if I am a student of MJHR Nurse Assistant Program and **not** an employee of MJHR. My Participation is at will and may be terminated with or without cause at any time by me or by MJHR.

By signing below, I certify that I have read, accepted, and agreed to the above MJHR conditions.

Signature

Date