

CNA Program Application

www.sbcc.edu/nursing/cna

Name _____
Last First Middle other last names

Address _____
Number/Street City State Zip

Date of Birth _____ SS# _____ Gender ____ F ____ M ____ Decline to State

SBCC Student ID # _____

Email Address: _____ Phone _____

Person to call in case of emergency:
Name _____ Relationship _____

1. EDUCATION

High School: (NAME) _____ Grad date _____ GED _____

College: _____

list college degrees and/or units completed

2. WORK EXPERIENCE: List most recent first

Employer	City/State	From Mo/Yr	To Mo/Yr	Type of Work

3. ENG 88 and ENG 103 eligibility are Skills Advisories. Do you meet this eligibility? Yes ____ No ____

4. Ethnic Group: (response optional but appreciated)

____ American Indian/Alaskan Native ____ Anglo ____ Asian/Pacific Islander
____ Black ____ Filipino ____ Hispanic

5. Are you Bilingual? ____ No ____ Yes If yes, what language(s)? _____
Is English your primary language? ____ No ____ Yes
If no, what is your primary language? _____

6. Have you ever been convicted by any court of a crime, other than a minor traffic violation?
____ Yes ____ No If Yes, please see "Criminal Screening Procedure" handout.

7. Have you ever applied for the CNA/HHA program before? ____ No ____ Yes: Date _____

I certify under penalty of perjury that all information contained herein is correct, and understand that the penalty for submitting fraudulent information for acceptance into the program is immediate dismissal and withholding of grades.

Signature _____ Date _____