

Certified Nursing Assistant (CNA) Program Application

Program Location: _____

All applications must be **mailed** to:

Division of Outreach Services
ATTN: Andrea White
UWA Station #35
Livingston, AL 35470

Or

Hand Delivered to:

The Division of Outreach Services
The University of West Alabama
Guy Hunt Hall- Suite 122
Livingston, AL 35470

For questions please contact:

Andrea White, Program Coordinator

Phone: (205) 652-3665 or Email: at awhite@uwa.edu

****Applications that are faxed will not be accepted. ****

APPLICATION PACKET CHECKLIST

A completed application packet consists of:

- Completed Application Form
- Completed Reference List (On Application)
- Copy of Driver's License or State ID and Social Security Card
- Proof of Income (if applicable)
- Verification of Public Assistance (Food Stamps, TANF, Childcare Assistance, etc.)

ARE YOU ELIGIBLE? Check the criteria below **

- Applicants must be between 18 years of age or older.
- Applicants must have a GED or High School Diploma to participate in the CNA Training Program.
- Applicants enrolled in an institution of higher education are NOT eligible to participate in the CNA program.
- Applicants must live in the hosting county of the CNA Training Program location in order to participate in the current CNA Training Program.
- Applicants who have completed a Nurse Aide Training Program within in the last 24 months in the state of Alabama are NOT eligible.
- Applicant must demonstrate a need to be eligible to participate in the CNA Training Program. (Unemployed, underemployed, economically or socially disadvantaged, basic skills deficient, etc.)

****Meeting the basic criteria does not guarantee selection into the Certified Nursing Assistant Program. ****

Certified Nursing Assistant Program Application

Disability Disclosure: Applicants with disabilities or any other barriers to employment are encouraged to self-disclose their disability in the space provided below. This information is voluntary and is for reporting purposes. All information will be kept confidential and will not be used to deny you services or to illegally discriminate against you. Your refusal to provide this information will not subject you to any adverse treatment information will only be used in accordance with the law. <input type="checkbox"/> Yes, I would like to disclose a disability. <input type="checkbox"/> No, I would not like to disclose a disability.					
If yes, what accommodations do you require?					
Social Security Number		Name: First, Middle Initial, Last			
Address			City		State
Zip Code	County Name		Area Code	Telephone Number	
Cellular Telephone Number			E-mail Address		
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible Non-Citizen	
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Other _____					
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino		Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED		Primary Language	Selective Services <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No
Work History or Higher Education Name:		Start Date	End Date	Reason for leaving	End Salary
Applicant # of Children		Total # of Individuals in household		Applicant Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Single Parent	
Do you receive Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which: <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Food Stamps			

THE UNIVERSITY OF WEST ALABAMA

L I V I N G S T O N

What is your Employment Goal & how can we help you reach this goal? (Please be as detailed as possible)

Are You Currently Enrolled in an Institute of Higher Education (College/University)? Yes No

If so, where? _____ Dates Enrolled: _____

Please list three (3) references. The references must be from someone who is familiar with your professional work and/or career goals. References are not acceptable from relatives, in-laws, or friends.

Name _____
Position _____
Company _____
Address _____

Telephone _____

Name _____
Position _____
Company _____
Address _____

Telephone _____

Name _____
Position _____
Company _____
Address _____

Telephone _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE AND GIVE MY PERMISSION FOR VERIFICATION OF ANY INFORMATION ON THIS FORM.

SIGNATURE: _____

DATE: _____