Mail To:
BJC Medical Center
ATTN: Human Resources
70 Medical Center Drive
Commerce, GA 30529

NURSE AIDE TRAINING COURSE

Date of Application: _____/_____/_____ Date of Interview: _____/_____/_____ Social Security No. _____/_____/_____

Name:_____
(Last) (First) (Middle) (Maiden)

Mailing Address:_____

City:_____State:_____Zip Code:_____County:_____

Phone:_____Cell Phone:_____Work:_____

Please list another person that we my reach to contact you:

Name:_____Phone:_____

Are you at least 18 years of age: ( ) Yes ( ) No
Do you have a legal right to work in the U.S.? ( ) Yes ( ) No
Have you ever been convicted of a crime? ( ) Yes ( ) No If so, what state?_____

Please tell us why you are interested in the Nurse Aide training course at BJCMC?

_____

_____

_____

Were you previously employed at BJC?_____ If so, when and where? _____
Do you have a job waiting when the CNA course is completed?_____ If so, where? _____

EDUCATION HISTORY

NAME, CITY, STATE, & ZIP	YRS COMPLETED				GRADUATE		DIPLOMA/DEGREE
HIGH SCHOOL	1	2	3	4	Y	N	
GED TEST							
TECHNICIAL SCHOOL TRAINING	1	2	3	4	Y	N	

_____(Signature)