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CNATraining@ASCare.com

Thank you for applying to the Nurse Aide Training Program!
A member of our Talent Acquisition Team will contact you soon.



**American Senior
Communities®**



Nurse Aide Training Program Application

Student Name: _____

Date application submitted: _____

Address: _____

Are you at least 18 years of age? _____

Home Phone: _____ Cell Phone (if applicable): _____

Availability for Clinical Training * -

- Weekdays AM shift and /or PM shift
- Weekends AM shift and/or PM shift
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

*** Attendance is mandatory for all classroom hours. If absent from classroom (non-clinical) training, it may result in removal from the program.**

Emergency Contact Information:

Primary Contact:

Name: _____

Phone Number: _____

Home: _____

Cell: _____

Work: _____

Relationship: _____

Secondary Contact:

Name: _____

Phone Number: _____

Home: _____

Cell: _____

Work: _____

Relationship: _____

Has disciplinary action ever been taken against you regarding any health license, certificate, registration or permit you hold or have held in any state? If "yes", please explain:

Have you ever been denied a license, certificate, registration or permit to practice as a nurse/nursing assistant or any regulated health occupation in any state? If "yes", please explain:

Note: A conviction, plea, or unresolved charges will not necessarily disqualify you from consideration for the Nurse Aide Training Program. The effect of a conviction, plea or pending charges will be assessed with respect to time, circumstances, and seriousness of the offense. However, your failure to list a conviction, plea, or pending charge (except convictions, pleas, or pending charges protected from disclosure by state or local law) will disqualify you from consideration for the Nurse Aide Training program or will result in removal from the program if subsequently discovered.

1) Have you been convicted of or pled guilty or no contest to a felony or misdemeanor other than a minor traffic related infraction?

Do not answer "yes" if your conviction record has been annulled, expunged, sealed, pardoned, erased, restricted, or impounded.

Yes No

If yes, state the nature of the conviction or plea, the date, the court and the jurisdiction, the cause (or other identifying) number, and fully explain.

2) Do you have any unresolved criminal charges?

That is, criminal charges that have not yet been terminated through a plea or order of dismissal. Do not answer "yes" if a pending charge has been annulled, expunged, sealed, pardoned, erased, restricted, or impounded.

Yes No

If yes, explain fully below.

Describe incident:

What year did the criminal charge/conviction occur:

What county, state did the criminal charge/ conviction occur:

What name did you go by at the time of the criminal charge/conviction?

Please note that certain pending criminal charges may prevent further processing of the application until the matter has been resolved.

American Senior Communities (ASC) does not discriminate because of age, disability, race, color, national origin, religion, sex, disability or being a qualified disabled veteran or qualified veteran or the Vietnam era or other category protected by law.

I hereby affirm that the information provided on the Nurse Aide Application is true and complete. I understand that any false or misleading representations or omissions made on the Nurse Aide Application may disqualify me from the Nurse Aide Training Program.

I hereby authorize persons such as schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with requested information regarding my application, and I completely release all such persons of entities from any and all liability related to the providing or use of such information.

I understand if selected I may be removed at any time from the ASC Nurse Aide Training Program for any reason with or without notice/cause.

Student Signature: _____

Date: _____

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