

# Faith Forward Nurse Aide Training Academy

## Nurse Aide Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Which class are you interested in, weekend or weekday? \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Please list a personal reference as an emergency contact:

\_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers on this document are true and complete to the best of my knowledge. If I am accepted into the academy, I understand that any false or misleading information contained in my application or interview, regardless of time of discovery, may result in my dismissal from the program without a refund of payment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed, being contacted.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to us via email at [info@faithforwardacademy.com](mailto:info@faithforwardacademy.com). Please be sure to include a copy of driver license, copy of Social Security card and proof of education level (transcript). A \$200 deposit is required to reserve a seat. Please call us to confirm that there is an available seat and to get further instructions on completing registration. 817-630-9756

Office Use Only:

Program Director Signature: \_\_\_\_\_  
Jessica Anderson, RN, Program Director