

ANTIOCH EDUCATIONAL CENTER'S

GENERAL INTAKE APPLICATION

Type of services you are seeking: CNA Class _____ Scholars: _____ FIT: _____ Toys: _____ Uniforms: _____ Food: _____
 Patient Care Technician: _____ Other (Please specify): _____

Name: _____

Home Address: _____

Mailing Address: _____

Email Address: _____ Home Telephone Number: _____

Cell Number: _____ Number of persons in your household: _____ Adults _____ Minors: _____

Names, Genders, and Birthdates for all Members of your Household:

Total Monthly Household Income: _____ Source(s) _____

Are you employed? _____ If yes, name of employer: _____

Work Number: _____ Immediate Supervisor: _____

Do you own your home (for FIT Clients only)? _____ If yes, how long? _____

Please list specifically what services you are seeking from AEC? _____

How did you hear about AEC? _____

If applying for the CNA Program: please explain why you feel you would be a good candidate for this program.

Have you ever been convicted of a felony Yes _____ No _____ Are you able to pass a drug test? Yes _____ No _____

Signature _____ Today's Date _____

Information taken by: _____ Was applicant accepted? _____ What were the circumstances cited? _____

ANTIOCH EDUCATIONAL CENTER'S NURSING ASSISTANT TRAINING PROGRAM

REQUIREMENTS FOR PARTICIPATION APPLICATION

Please print (neatly and clearly) all (except for the signature) of the information needed on this application

Applicant's Name: _____ Phone: _____

Home Address: _____ Mailing Address: _____

Email Address: _____ Did you graduate from high school? _____ If yes, when? _____

If you did not, what was the highest grade completed? _____ If yes, What year? _____ If you did not graduate, do you have a GED? _____ Are you CPR certified? _____ *If yes, please attach a copy.*

Have you already paid your nonrefundable \$26 (in a money order) for a SLED background check? _____ If yes, when? _____

What is your monthly **household** income? _____ *(You must provide documentation of all income).*

Have you ever been **convicted** of a felony? _____ If yes, what kind(s) and when? _____

Have you been **convicted** of a misdemeanor? _____ If yes, when? _____ What were the charges? _____

Are you willing to fulfill all of the responsibilities, in a timely manner, that are required to enter the course? _____

Will you be able to overcome all challenges (childcare, work obligations, necessary study hours, etc.) to successfully complete the course? _____ *Please note that this is a very demanding program with strict rules and regulations*

How did you hear about the program? _____

Please list three of your strongest traits that equips you to register and complete the Antioch's Nursing Assistant Program:

Are you drug free? _____ If not, please explain _____

Are you aware that you must pass a drug test to be admitted into the program? _____

Are you aware that you may be called upon to provide a drug test (at your cost) if there are *any reasons* deemed necessary by the instructor(s) and or administrator(s) of the AEC Nursing Assistant Program? _____

I agree that the information that you have provided above is true and factual? _____ Do you understand that failure to provide factual and true information on this application **will** result in you not being selected for participation in the program? _____

Signature of Applicant

Today's Date