



## SAVANT ACHIEVEMENT CENTER

### APPLICATION FOR ADMISSION – SELF PACE NURSING ASSISTANT PROGRAM ON LINE

Name: \_\_\_\_\_

First

Middle

Last

Social Security #

Phone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

#### **Education**

What is the highest grade you completed? \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

Have you attended another training program, where? \_\_\_\_\_

**Employment:** Are you currently employed? \_\_\_\_\_ Where: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Status:**

Are you a U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_ What is your status \_\_\_\_\_

Are you authorized to work in the United States Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Background Checks and Misconduct Registry Clearance for Nursing Assistant Candidates:**

Do you authorize Savant to perform these Clearances? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted by a court of law of any offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Covid shot? \_\_\_\_\_ Can you provide record? Yes \_\_\_\_\_ No \_\_\_\_\_

**Physical Limitations:** Do you have any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_

What: \_\_\_\_\_

**Persons applying for the Nursing Assistant Program must be physically able.**

#### **References: Family/Friends**

| Name: | Address | Phone | Relationship |
|-------|---------|-------|--------------|
|-------|---------|-------|--------------|

How did you hear of us? \_\_\_\_\_

I certify that the information stated herein is correct and true to the best of my knowledge and belief. I understand that all information provided herein becomes property of Savant and I authorize Savant to release said information for any legal purpose in connection with my enrollment, sponsorship and possible acceptance into this program. I understand that for enrollment into the Nursing Assistant Program, I am authoring the performance of Criminal Background Check as well as Misconduct and Registry review.

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

School Official: \_\_\_\_\_ Date: \_\_\_\_\_ Eef.6/26