



# Nurse Aide Application (CNA)

Complete and print the application form below and email to [sulino@asburyplace.org](mailto:sulino@asburyplace.org), or mail to Suzy Ulino, Asbury Place Maryville, 2648 Sevierville Road, Maryville, TN 37804 or fax to Suzy Ulino at 865.238.9089. When the application has been received you will receive email notification for an interview. Please note that much of the correspondence for enrollment in this class is via e-mail, so please ensure you enter a working e-mail address carefully.

This application is for the State of Tennessee.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ Are you a Permanent US Resident? \_\_\_\_\_

Have you ever been discharged from a job? \_\_\_\_\_

If yes, please explain

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Have you been convicted of a crime? \_\_\_\_\_

If yes, please explain

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How did you hear about this course?

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When could you start class? \_\_\_\_\_

Have you ever been employed by Asbury Place?  Yes  No

High School \_\_\_\_\_

High School City & State \_\_\_\_\_

High School Year Graduated \_\_\_\_\_

Name of Undergraduate School \_\_\_\_\_

Undergraduate City & State \_\_\_\_\_

Year Graduated Undergraduate \_\_\_\_\_

Undergraduate Major / Degree \_\_\_\_\_

Name of Graduate School \_\_\_\_\_

Graduate City & State \_\_\_\_\_

Graduate Year Graduated \_\_\_\_\_

Graduate Major / Degree \_\_\_\_\_

Current or most recent employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Duties

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Second most recent employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Duties

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Third most recent employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference 1 \_\_\_\_\_ Occupation \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Reference 2 \_\_\_\_\_ Occupation \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Reference 3 \_\_\_\_\_ Occupation \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

I have read the Consent Agreement  Yes  No

Consent Agreement: I certify that the forgoing representations are true and correct to the best of my knowledge. I voluntarily release from liability and/or damages all parties who may issue or receive information regarding my character, previous employment, or scholastic record that may concern my application for consideration by Asbury Place, Inc. involving their Nurse Aide class. It is my understanding that Asbury Place, Inc. will make a thorough investigation of my work and personal history and my verify all data given in my application for their Nurse Aide Class, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Asbury Place, Inc. and I release from liability any person giving or receiving such information. I understand that falsification of data given or other derogatory information discovered as a result of this investigation may prevent my being accepted into the class. If accepted, I will accept and abide by all rules and regulations governing the class. These rules do not constitute a contract of employment and I do not construe them as such. If requested by the management at any time, I agree to submit to search of my person and I hereby waive all claims for damages on account of such examination. I am responsible for necessary transportation to and from class and clinical areas. I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Asbury Place, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Asbury Place, Inc. I understand that if accepted into this class, policies and rules that are issued are not conditions of employment and that the facility may review policies or procedures, in whole or in part, at any time.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_