

# Felician Village CNA Class

In partnership with  
Quality Nursing



## Now Accepting Applications

**75 hour course starts January 2024**

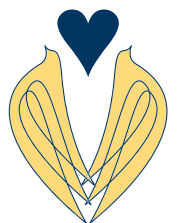
**All course fees covered by Felician Village, no cost to you!  
Students will also be paid a hospitality wage for classtime.**

**Must be interested in a full-time or part-time PM shift at Felician Village upon completion.**

**Please submit a letter of interest to Michael Hillmer, HR Director,  
by 12/8/23 at 3:00 p.m.**

**Applicants will interview with the nursing department.**

Questions? Contact Michael at 920-684-7171, x293  
or [mhillmer@felicianvillage.org](mailto:mhillmer@felicianvillage.org)



Felician Village

[felicianvillage.org](http://felicianvillage.org)



1635 S. 21<sup>st</sup> Street, Manitowoc, WI 54220-5652  
T (920) 684-7171 F (920) 684-0240 www.felicianvillage.org

**CERTIFIED NURSING ASSISTANT (CNA) PROGRAM  
APPLICATION FOR ADMISSION**

**(PLEASE PRINT)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or Box Number Phone ( ) \_\_\_\_\_  
City, State, Zip

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U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No

**EDUCATION BACKGROUND**

Grade School (Circle Highest Grade Completed): 1 2 3 4 5 6 7 8 9 10 11 12  
Name of High School \_\_\_\_\_ High School Graduation Date \_\_\_\_\_  
GED \_\_\_\_\_  
College or University \_\_\_\_\_ Degree or Diploma \_\_\_\_\_  
Major Subject \_\_\_\_\_

\*\*\*\*\*  
Do you have any friends or relatives employed at this facility? \_\_\_\_ Yes \_\_\_\_ No  
If yes: Name: \_\_\_\_\_

In a short paragraph, please summarize the reasons as to why you are applying for the CNA class:

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What, if any, experience do you have dealing specifically with the elderly? (volunteer, employment or personal experience)

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Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give date and offense: \_\_\_\_\_

Employment History:

1) \_\_\_\_\_  
Name of Employer Address Dates of Employment

Job Title Duties

2) \_\_\_\_\_  
Name of Employer Address Dates of Employment

Job Title Duties

3) \_\_\_\_\_  
Name of Employer Address Dates of Employment

Job Title Duties

Why should we select you to take the CNA class at St. Mary's?

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

Please list two references:

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that the information on this application is true and complete to the best of my knowledge.

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