

Felician Village CNA Class

*In partnership with
Quality Nursing*



Now Accepting Applications

75 hour course starts April 2024

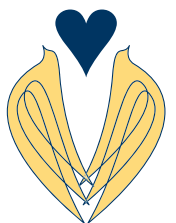
***All course fees covered by Felician Village, no cost to you!
Students will also be paid a hospitality wage for class time.***

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

***Please submit a letter of interest to Michael Hillmer, HR Director,
by 3/15/24 at 3:00 p.m.***

Applicants will interview with the nursing department.

**Questions? Contact Michael at 920-684-7171, x293
or mhillmer@felicianvillage.org**



Felician Village

felicianvillage.org



1635 S. 21st 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 _____

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:

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