



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 _____

Name of High School _____ High School Graduation Date _____
GED _____

GED _____

College or University _____ Degree or Diploma _____
Major Subject _____

Do you have any friends or relatives employed at this facility? Yes No

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