



EDUCATIONAL APPLICATION

Attention: Edna Sutton
9501 Yale Avenue, Cleveland, OH 44108
(216) 534-9829

SECTION 1

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____

Phone (C) _____ Email _____

Date of Birth ____/____/____ SS# _____

SECTION 2

Are you currently employed? Yes _____ No _____

If yes, please complete Section 3.

Do you have any previous experience in home health care?

Yes _____ No _____

If yes, please describe your experience:

How did you hear about Compassions? _____

SECTION 3 – EMPLOYMENT EXPERIENCE

Most Recent Employer _____

Employer's Address _____

Employer's Phone Number _____

Employed From: _____ To: _____

Job Title _____

Give brief job description: _____

Are you still with this employer? Yes _____ No _____

If no, why did you leave this company? _____

Second Recent Employer _____

Employer's Address _____

Employer's Phone Number _____

Employed From: _____ To: _____

Job Title _____

Give brief job description: _____

Why did you leave this company? _____

Third Recent Employer _____

Employer's Address _____

Employer's Phone Number _____

Employed From: _____ To: _____

Job Title _____

Give brief job description: _____

Why did you leave this company? _____

Fourth Recent Employer _____

Employer's Address _____

Employer's Phone Number _____

Employed From: _____ To: _____

Job Title _____

Give brief job description: _____

Why did you leave this company? _____

Any other employment experience we need to know about, please state below:

SECTION 4 – EDUCATIONAL EXPERIENCE

Please describe your educational experience below.

High School

School Name _____

City, State, Zip _____

Years attended _____ GPA _____ Did you graduate? _____ If yes, what year? _____

If no, did you receive your GED? _____ What year? _____

Trade School/Community College

School Name _____

City, State, Zip _____

Years attended _____ GPA _____ Did you graduate? _____ If yes, what year? _____

Course of Study _____

Degree/License received _____

College

School Name _____

City, State, Zip _____

Years attended _____ GPA _____ Did you graduate? _____ If yes, what year? _____

Major _____ Minor _____

Degree received _____

Graduate School

School Name _____

City, State, Zip _____

Years attended _____ GPA _____ Did you graduate? _____ If yes, what year? _____

Degree received _____

SECTION 5

Describe why you are interested in becoming a Home Health Aide/STNA.

Describe your goals, where you see yourself in one year.

Where do you see yourself in five years?

SECTION 6

Have you ever been convicted of a misdemeanor or a felony? _____

If yes, what year? _____

Please describe the incident and give the outcome.

All of our students are required to take a drug test and to undergo a background check.

Please provide any other names you are known by:

Drivers License/State ID# _____ State Issued _____

Please provide addresses of past residence for the last 5 years.

SECTION 7 – REFERENCES (Please provide 3 references: 2 personal, 1 business)

Reference #1

Name _____

Address _____

Phone # _____

How long have you known this person? _____

Type of reference: Personal Business

If business, in what capacity did you know this person?

Reference #2

Name _____

Address _____

Phone # _____

How long have you known this person? _____

Type of reference: Personal Business

If business, in what capacity did you know this person?

Reference #3

Name _____

Address _____

Phone # _____

How long have you known this person? _____

Type of reference: Personal Business

If business, in what capacity did you know this person?

SECTION 8

All applicants are subjected to a thorough review of their application prior to acceptance into our training program. Any discrepancies to what is indicated on this application may be terms for immediate removal from our program. We reserve the right to conduct further drug and background checks if necessary. We also reserve the right to terminate our relationship with any student if he or she does not follow our Code of Conduct guidelines.

Compassions Training and Awareness Center is an equal opportunity training provider. We do not discriminate on the basis of race, creed, color, gender, disability, sexual orientation, national origin, or any other classes of persons protected by the United States Constitution, State and Federal Law.

(Please read before signing)

I swear that everything I have stated in this application is true to the best of my knowledge. I agree to undergo a background check and drug test as part of the screening process. I also agree to pay the \$250.00 registration fee if I am accepted into the program.

Print Name

Signature

Date