

CERTIFIED NURSING ASSISTANT TRAINING PROGRAM

Personal Information: - To be completed by Student

Last Name		First Name, Middle Initial			
Street Address					
City		State	Zip Code		
Contact Number	Emergency Contact	E-mail Address			

Education Background:

Please list in reverse chronological order any previous schools, training programs, or colleges attended.

Employment Background:

Please list in reverse chronological order any current employment as well as previous employers.

Employer	Position	Location	Dates Employed

Applicant Signature:

Date:

ALTHOUGH THIS INFORMATION IS VOLUNTARY, IT IS REQUESTED TO FULFILL FEDERAL AND STATE REPORTING REQUIREMENTS. IT WILL NOT BE CONSIDERED FOR SCHOOL OF NURSING ADMISSIONS DECISIONS.

Birth Date: Month Day Year	Gender (Check One): Male	o Female o				
Racial/Ethnic Background (If your background is multi-cultural, indicate the category with which you most identify):						
		5 57				
White/Non Hispanic	Asian/Pacific Islander	Hispanic				
Black/NON Hispanic	Native American/Alaskan native	Other (Please Specify)				

Bradford Career Center, as an equal opportunity and affirmative action institution, is committed to compliance with federal state laws prohibiting discrimination, including title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. It is the policy of Bradford Career Center that there shall be no discrimination of the basis of race, sex, color, religion, national origin or ancestry, age, marital status, handicap, veteran status or other prohibited factors in employment, admissions or other activities.

Student Eligibility Requirements:

Eligibility Requirements	Record on file Y/N	BCC Staff Initial & Date
Completed Application		
TB Skin Test		
Copy of High School Diploma or GED		
Health Assessment		
Titers including Varicella		
Drivers license/ State I.D.		
Current CPR Certification (American Heart Association)		
Current Fingerprint/Background Check		

Mailing Address:

Bradford Career Center ATTN: Admissions Department 2522 Grand Canal Blvd. Suite 12 & 13 Stockton, CA 95207

Phone:

(209) 475-9854

Fax:

(209) 475-9864