

Med-Care Training Center, Inc.

1109 Holden Road
LOGAN, WV 25601
304-239-3225
medcare78@yahoo.com

Practical Nurse Program Application

PLEASE PRINT

NAME
LAST _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY NO _____ DATE OF BIRTH _____

MAILING
ADDRESS _____

COUNTY _____ PHONE NUMBER _____

NAME OF NEAREST
RELATIVE _____

RELATIONSHIP _____ PHONE _____

ADDRESS _____

NAME OF HIGH SCHOOL
ATTENDED _____

YEAR OF GRADUATION _____ OR GED OBTAINED _____

Please list all colleges, vocational or career schools attended with dates and addresses.
Identify all health care programs and certificates and degrees earned.

HAVE YOU EVER WORKED FOR A HEALTH CARE ORGANIZATION? _____
If yes, please list all:

Are you a US citizen? _____

Are you a veteran? _____

Have you ever been charged with or convicted of a misdemeanor?

Have you ever been charged with or convicted of a felony?

Please list the names of three persons, not related to you, that you will use as character references. Include past employers. If you have been employed in health care, you must have one reference from each health care employer, regardless of length of employment.

NAME _____ PHONE _____

ADDRESS _____

IN WHAT WAY DO YOU KNOW THIS PERSON? _____

NAME _____ PHONE _____

ADDRESS _____

IN WHAT WAY DO YOU KNOW THIS PERSON? _____

NAME _____ PHONE _____

ADDRESS _____

IN WHAT WAY DO YOU KNOW THIS PERSON? _____

Please list all current and past employers, starting with the most recent, giving dates of employment. If necessary, attach an additional sheet of paper.

EMPLOYER	ADDRESS	PHONE	DATES
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANY APPLICANT WHO KNOWINGLY GIVES ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION WILL BE SUBJECT TO REMOVAL FROM THE ADMISSIONS PROCESS OR DISMISSAL FROM THE PROGRAM, WHICHEVER APPLIES.

SIGNATURE OF APPLICANT _____ DATE _____