

# MARTHA<sup>SM</sup> & MARY

- Current M&M Employee
- Reapplying to the Course
- New Applicant

## APPLICATION FOR MARTHA & MARY NAC CLASS

### INSTRUCTIONS FOR NAC PROGRAM APPLICATION:

1. Please complete all of the attached forms in ink and leave them with our receptionist
2. The application and exam will be reviewed by the NAC Program Director for consideration
3. At the time that you turn in your application you will be given a post card with dates and times of information sessions. If postcards are not available when you turn in your application, one will be mailed to you.
  - a. You must attend one of these information sessions in order to take a brief test, complete a background check authorization and sign up for an interview. If you do not attend an information session you will not be offered an interview or considered for the program.

Thank you for your interest in our program.

### OFFICE USE ONLY

- Date Received:
- Post Card Given
- Information Session Attended \_\_\_\_\_
  - Interview Scheduled for: \_\_\_\_\_ at: \_\_\_\_\_
  - Test Taken                      Score Received: \_\_\_\_\_
  - Background Check

*Incomplete information could disqualify you from consideration.*

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

1. Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

2. Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City/State

\_\_\_\_\_

Zip

3. What is your home phone number? (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. What is your cell/message phone number? (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Are you at least 17 years or older?  Yes  No

6. Have you previously been applied to Martha & Mary?  Yes  No

6a. If yes; were you employed? Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

6b. Position: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

6c. Reason for leaving: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Newspaper: Kitsap Sun  Community Newspaper  Other: \_\_\_\_\_

Internet: On-line Classifieds  Martha & Mary Website

Walk In  Referral by (Name): \_\_\_\_\_

**EDUCATION**

Type of school	Name and address of school	Major subject	Last year attended (circle)	Graduated (circle)	Degree
High school/G.E.D.			9 10 11 12	Y N	
College			1 2 3 4	Y N	
College			1 2 3 4	Y N	
Graduate school			1 2 3 4	Y N	
Business/Trade/Other			1 2 3 4	Y N	

### SPECIAL SKILLS

7. Please check the skills for which you have received training:

CPR: \_\_\_\_\_  
 Location of Training Expiration Date

First Aid: \_\_\_\_\_  
 Location of Training Expiration Date

**8. Please provide the number of any professional license you currently hold or held in the past. Failure to provide license information may delay the processing of your application.**

State/License #: \_\_\_\_\_ Year Issued: \_\_\_\_\_ Year Expires: \_\_\_\_\_

State/License #: \_\_\_\_\_ Year Issued: \_\_\_\_\_ Year Expires: \_\_\_\_\_

9. Have you ever had your RN, LPN, NAC or NAR license revoked or suspended?  Yes  No

9a When and why?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A revoked license will not necessarily bar you from entrance to the program.**

### EMPLOYMENT HISTORY

**IMPORTANT:** List previous positions you have held **beginning with the most recent and working backwards.**

Name of employer	Telephone number (      )
Employed from (month/year)	To (month/year)
Position(s) worked:	
Reasons for leaving:	
Name of employer	Telephone number (      )
Employed from (month/year)	To (month/year)
Position(s) worked:	
Reasons for leaving:	
Name of employer	Telephone number (      )
Employed from (month/year)	To (month/year)
Position(s) worked:	
Reasons for leaving:	

**REFERENCES**

List below three (3) persons not related to you, whom you have known for at least one (1) year

Name	Years acquainted	Relationship:	
Email		Home phone (      )	Business phone (      )
Name	Years acquainted	Relationship:	
Email		Home phone (      )	Business phone (      )
Name	Years acquainted	Relationship:	
Email		Home phone (      )	Business phone (      )

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Ph Number: (      ) - \_\_\_\_\_ Relation: \_\_\_\_\_

**ACKNOWLEDGEMENTS**

**Please read carefully before signing.**

Admission to the course is based upon an interview with the Program Director, a score of 70% or higher on the exam and space availability.

**No Discrimination/Equal Opportunity:** Martha & Mary is an equal opportunity employer. Martha & Mary does not discriminate in, acceptance to the class, on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

**Certification of Application and Supporting Documents:** I attest with my signature below that I have given to Martha & Mary true and complete information on this application, addendums and accompanying resume or documents (if any). No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

**References and Background Check:** I authorize Martha & Mary to contact references provided for employment reference checks. I further authorize Martha & Mary to thoroughly investigate all statements contained in my application or resume. I understand that any employment is conditioned on a background check.

**Attendance:** I understand that if selected I must attend each of the first 10 days of class without an absence. **An absence during the first 10 days for any reason is cause for dismissal.**

**Application:** this application is for the NAC program only and not an application for employment with Martha & Mary Health Services. If accepted into the NAC program, you agree to abide by all Martha & Mary policies and procedures. Martha & Mary Health Services retains the right to revise its policies or procedures in whole or in part at any time.

**My signature attests to my understanding of, and agreement to all statements contained in the acknowledgements above**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1. Why do you want to be a Certified Nursing Assistant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Have you had experience in caring for the elderly? If yes, please describe the experience (who, where, how long ago, etc...) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Because of the demands placed on a caregiver in the nursing field, do you foresee anything that would conflict with working extra hours, weekends or holidays? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. As a Certified Nursing Assistant there are many physical demands you may face in a typical day. Do you feel you would have difficulty in lifting 30 to 50lbs of weight? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. List skills and abilities you have which you think would be important and utilized in a nursing assistant position. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_