



NURSE AIDE (NA)/ HOME HEALTH AIDE (HHA) APPLICATION

Please print or type all information.

Applying for: (Circle all that apply) Nurse Aide (NA) Home Health Aide (HHA)
Day Evening Starting Date _____

Name: _____
Last First MI

Address: _____
Street City State Zip

Date of Birth: _____ Age: _____ Social Security # _____ Sex: [] Female [] Male

Telephone: () _____ Cell: () _____ E-Mail: _____

PERSONAL STATUS: (Check one) [] Veteran [] U.S. Citizen or [] Alien Registration #
(copy of card required) _____

ETHNIC GROUPING: (Check one)
[] Native American [] Asian Pacific [] African/American Black [] Hispanic [] White [] Unknown

FAMILY STATUS: (Check one) [] Single [] Married [] Widowed [] Separated [] Divorced

Write in each box, the number of your own children by age group who are living with you.
[] 0-2 [] 3-5 [] 6-12 [] 13-16 [] 17+

EDUCATION/TRAINING: Circle the highest grade of school completed:
K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Graduated HighSchool date _____ GED date _____

How did you learn about this program? _____
[] Referral Source: _____ Telephone: _____

Are you presently employed? [] No [] Yes
Are you receiving unemployment? [] Yes [] No
Employer: _____
Job Title: _____

Do you receive any of the following Public Assistance? (Check all that apply):
[] Aid for Dependent Children (AFDC) [] Rental Assistance from the Department of Social Services
[] Supplemental Security Income (SSI) [] Women, Infants and Children (WIC)
[] Home Relief (HR) [] Medicaid [] Food Stamps

Do you have a disability or medical condition that may affect or limit your ability to work or attend school?
[] Yes [] No Please describe: _____

NOTE: Any previous criminal felony or misdemeanor conviction may prevent you from obtaining Certification.

PLEASE NOTE: All information on this form is **CONFIDENTIAL**. Only the data will be used for statistical purposes.

SIGNATURE: _____ DATE: _____

**NURSE AIDE (NA)/HOME HEALTH AIDE (HHA)
APPLICATION**

Please write a statement explaining what you hope to gain by coming to BOCES at this time:

Release of Information:

I understand that the information on this application will be kept private and confidential. I allow Albany-Schoharie-Schenectady-Saratoga BOCES to submit this application to appropriate funding agencies to ascertain my eligibility for financial assistance to attend BOCES Adult Education Programs. I allow BOCES to use this release of information to seek and provide information to relevant agencies within and outside BOCES and to employers regarding my attendance and participation as based on funding assistance requirements. I understand that information regarding current status of physical, medical and psychological conditions will be sought and secured by a separate release outlining the need and use of information requested.

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

CONSENT FORM

I give consent (agree)

I do not give consent (do not agree)

to allow the release of information (data from this application, test data, notes, correspondence and other documents) in written or verbal to personnel from the referring agency and/or other relevant funding agencies and appropriate organizations.

Signature: _____

Date: _____

Witness Signature/Title: _____

Date: _____

**NURSE AIDE (NA)/HOME HEALTH AIDE (HHA)
EMPLOYMENT HISTORY**

Please list all employment in the last five years (list most recent experience first).

1. Employer: _____ From: _____ To: _____
Address: _____ Title: _____
Job Responsibilities: _____

Reason for leaving: _____

2. Employer: _____ From: _____ To: _____
Address: _____ Title: _____
Job Responsibilities: _____

Reason for Leaving: _____

3. Employer: _____ From: _____ To: _____
Address: _____ Title: _____
Job Responsibilities: _____

Reason for Leaving: _____

SIGNATURE: _____

DATE: _____

The Capital Region BOCES does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities, employment, and admissions; and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Nicole Yamin, compliance officer/coordinator, at Nicole.yamin@neric.org (518) 862-4910 or 900 Watervliet-Shaker Road, Albany, NY 12205. Inquiries concerning the application of the Capital Region BOCES non-discrimination policies may also be referred to the U.S. Department of Education, Office for Civil Rights (OCR), 32 Old Slip, 26th Floor, New York, NY 10005, telephone (646) 428-3800 (voice) or (800) 877-8339 (TTY).