



NATS, Inc. APPLICATION FOR ENROLLMENT

Name: _____
Last First Middle

Address: _____

City, State, Zip: _____

Phone Number: _____

Social Security Number: _____

Date of Birth: _____

How did you hear about NATS, Inc.?

A background search will be done on each applicant. The search must be satisfactory to be eligible for enrollment.

Are you able to perform the essential functions of a nursing assistant, including lifting and transferring patients?

Yes _____ No _____

Have you ever been discharged or asked to resign from a position?

Yes _____ No _____

If yes, please explain: _____

Have you ever pled guilty or been convicted of a crime, other than a minor traffic violation?

Yes _____ No _____

If yes, please explain: _____

Do you receive SNAP benefits? Yes _____ No _____

In Case of Emergency, Contact:

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____

Education and Training

High School/GED:

Name: _____

City, State: _____

Date Completed: _____

College:

Name: _____

City, State: _____

Date Completed: _____

Technical School:

Name: _____

City, State: _____

Date Completed: _____

Authorization, release and acknowledgement:

I hereby authorize any person, entity or institution with which I am currently or have formerly been associated, including all past and current employers to release to NATS, Inc., its employees and representatives, any and all information pertaining to any previous or current association or employment.

I authorize NATS, Inc. to conduct an investigation of my application to include information as to my character, general reputation and personal characteristics. I agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying such information. I understand that any false, misleading or omitted information on this application or in connection with my application for training and employment may result in rejection of this application.

I understand that I am eligible for training at NATS, Inc. based upon satisfactory score on the Ability to Benefit Test.

Signature: _____

Printed Name: _____

Date: _____

Employment History

May we contact your current employer? Yes ____ No ____

1. Name of Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Dates Employed: _____

2. Name of Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Dates Employed: _____

3. Name of Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Dates Employed: _____

May we contact your previous or present employers?

Yes _____ No _____

Are you legally authorized to work in the United States?

Yes _____ No _____

Identify the specific type of work authorization you possess (eg. Work Authorization Card):

Type: _____

Document Number: _____

Expiration Date: _____

Licensure Disclosure

The undersigned applicant hereby acknowledges disclosure from the personnel of NATS, Inc. NATS, Inc. is an approved CNA training program, which is required to disclose to each applicant a statement with regard to any applicant that may be denied licensure or who is otherwise considered ineligible for such licensure as a Certified Nursing Assistant in the State of Tennessee or other states.

While NATS, Inc. has made this disclosure to me, I still wish to enroll in the program and follow proper procedures to obtain my licensure, if possible and if not, I hereby waive any rights and release NATS, Inc. I understand that even though I successfully complete the CNA training program offered by NATS, Inc., there is no guarantee that I will be eligible for licensure.

I hereby also acknowledge receiving a copy of this statement and the original will be maintained in my file by NATS, Inc.

Signature: _____

Printed Name: _____

Date: _____

NATS, Inc.

Transferability of Credits Disclosure

Credits earned at NATS, INC. may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by NATS, INC. You should obtain confirmation that NATS, INC. will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at NATS, INC. to determine if such institutions will accept credits earned at NATS, INC. prior to executing an enrollment contract or agreement. The ability to transfer credits from NATS, INC. to another educational institutions may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at NATS, INC. if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of NATS, INC. and of any other educational institutions you may in the future want to transfer the credits earned at NATS, INC. before you execute an enrollment contract or agreement.

Student's Name

Initial

Date