



-Division of Economic Development and Outreach-

Certified Nursing Assistant Program

Application Packet

Applications should be *mailed* to:

The Division of Economic Development and Outreach
The University of West Alabama
ATTN: CNA Program
UWA Station 45
Livingston, AL 35470

OR

Applications may be *Hand-delivered* to:

The Division of Economic Development and Outreach
The University of West Alabama
Kelly Land Hall
Livingston, AL 35470

OR

Applications may be *faxed* to:

(205) 652-3827
ATTN: CNA Program

For questions please contact:

Phone: (205) 652-3828 or Email: centerforblackbelt@uwa.edu

Application Packet Check List

- Completed Application Form
- Completed Reference List (on application)
- Copy of Driver's License or State ID and Social Security Card*
- Proof of Income (if applicable)
- Verification of Public Assistance (SNAP, TANF, SSI, etc.)

Eligibility Requirements Check List

YOUTH APPLICANT

- Must be between the ages of 16 and 24
- Must have a GED or High School Diploma
- Must live in Choctaw, Marengo, Perry, Sumter, Greene or Hale counties
- Must demonstrate a need and be WIOA Eligible (unemployed, underemployed, economically or socially disadvantaged, etc.)
- Individuals enrolled as a full-time student (high school or college) are NOT eligible
- Individuals who have completed a Nurse Aide Training Program within the last 24 months in the state of Alabama are NOT eligible

ADULT APPLICANT

- Must be age 25 or older
- Must have a GED or High School Diploma
- Must live in Choctaw, Marengo, Perry, Sumter, Greene or Hale counties
- Must demonstrate a need and be unemployed, underemployed, economically or socially disadvantaged
- Individuals enrolled as a full-time student (community college or university) are NOT eligible
- Individuals who have completed a Nurse Aide Training Program within the last 24 months in the state of Alabama are NOT eligible

*Meeting the basic criteria does **not** guarantee selection into the Certified Nursing Program.*

**CERTIFIED NURSING
ASSISTANT PROGRAM
Application**



The UNIVERSITY of
WEST ALABAMA

-Division of Economic Development and Outreach-

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Mailing Address					Apartment #				
City			State			ZIP			
Phone			E-mail Address						
Date of Birth			Age		Social Security No.				
Race/ Ethnicity			Primary Language						
Gender			H.S. Diploma <input type="checkbox"/>		GED <input type="checkbox"/>		Selected Services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
<p>Disability Disclosure: Applicants with disabilities or any other barriers to employment are encouraged to self-disclose their disability in the space provided below. This information is voluntary and is for reporting purposes only. All information will be kept confidential and will not be subject to any adverse treatment. Information will only be used in accordance with the law.</p> <p>___ Yes, I would like to disclose a disability. ___ No, I would not like to disclose a disability.</p>									
If yes, what accommodations do you require?									
Applicant # of Children			Total # of Individuals in Household				Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/>		
Do you receive Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check all that apply: <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Food Stamps							
Are you currently enrolled in High School or an Institute of Higher Education (College/University)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____									

EMPLOYMENT GOALS

What are your employment goals and how can we help you reach these goals?

EDUCATION

High School				Address			
Dates		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
Dates		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
Dates		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT

Company				From:	to:	Salary	
Reason for leaving:							
Company				From:	to:	Salary	
Reason for leaving:							
Company				From:	to:	Salary	
Reason for leaving:							

REFERENCES

Please list two to three professional references. References from relatives, in-laws, or friends are not acceptable.

Full Name				Relationship	
Company				Phone	
Full Name				Relationship	
Company				Phone	
Full Name				Relationship	
Company				Phone	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I give my permission for verification of any information on this form. PLEASE CHECK ONE: ____ YOUTH APPLICATION ____ ADULT APPLICATION

SIGNATURE: _____ DATE: _____

The University of West Alabama Youth and Adult CNA Programs are sponsored in partnership by Career Pathways For Youth Certified Nursing Program and Delta Healthcare Services Grant Program.