



Merrymeeting Adult Education

**CERTIFIED NURSING ASSISTANT COURSE APPLICATION**

Please mail CNA Application to:  
Merrymeeting Adult Education  
Attn.: Mike Myers  
35 Republic Ave.  
Topsham, ME 04086  
Questions – please call 729-7323

**PERSONAL:**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

High School Name: \_\_\_\_\_ Diploma \_\_\_\_\_ or GED \_\_\_\_\_

**Please submit a copy of high school diploma or transcript or a copy of GED certificate.**

Name of post-secondary education and highest degree acquired:

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

1. MOST RECENT EMPLOYER: \_\_\_\_\_ Position: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ THRU \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_ Position: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ THRU \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_ Position: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ THRU \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:** Name, Address and Telephone number

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Refund Policy:**

A full refund is made if a student withdraws from the class up to three full days prior to the first class. If student withdraws from the class any later than three full days prior to the first class, **no refund will be granted.**

Any student who does not complete the required hours necessary for the CNA certificate and needs to enroll in an upcoming CNA class will be charged a \$75 re-enrollment fee.

▶ Please initial here that you have read the Refund Policy \_\_\_\_\_

**Criminal Background Check**

Please answer the following questions:

1. Have you **ever** been denied a nursing assistant certificate/license?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
2. Have you **ever** had **any** disciplinary action (probation, suspension, revocation or reprimand) taken against your nursing assistant certificate/license?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
3. Have you **ever** been convicted of **any** crime under the laws of Maine?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
4. Have you **ever** appeared in any court, paid **any** fine or been put on probation?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
5. Have you **ever** been convicted of **any** crime under the laws of any other state?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
6. Have you **ever** been convicted of **any** crime under Federal law of the United States?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**On the back, please comment if you answered "Yes" to any of the above questions 1-6. If you answered "Yes" to questions #1 or #2 above, you must attach an explanatory letter with the location and date of each occurrence. If you answered "Yes" to questions #3, #4, #5, or #6, please attach the appropriate court documents.**

I wish to be considered as an applicant for the Certified Nursing Assistant Program at Merrymeeting Adult Education. I have provided proof of educational transcripts to you.

I have read and understand the admission qualifications for this program. **If accepted, I agree to abide by the rules and regulations of the program.** I understand my references will be checked.

Failure to furnish all information on education, employment and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal from this CNA program.

**My signature below also gives you permission to conduct a State Bureau of Identification (SBI) check. I understand that I cannot participate in the clinical experience until the SBI check has been returned to you.**

A State Bureau of Identification (SBI) check is initiated by this application process. Upon successful completion of this CNA program, the results of the SBI check are forwarded to the State of Maine Registry for Certified Nursing Assistants along with the certificate and application.

**Falsification of information on this application is reason for dismissal.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE PRINT NAME** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ANY PREVIOUS NAME(S) USED INCLUDING YOUR MAIDEN NAME, IF NONE PLEASE STATE AS SUCH:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Merrymeeting Adult Education will request only one State Bureau of Identification (SBI) check with all names provided by applicant. Student will be charged \$30 if further SBI checks are necessary.**

## **CERTIFIED NURSING ASSISTANT COURSE APPLICATION**

1. What does a CNA do in his or her job?
2. Why do you want to work as a CNA?
3. Do you understand that you will spend several hours of this program doing hands-on work with the elderly and/or ill persons?
4. Have you had any experience working with the elderly and/or ill persons? If yes, when and where?