

Ann Rose School of Nursing Arts
A Nursing Aide Training Program
7280 Irving St. B-205 Westminster, CO 80030

Ann Rose does not discriminate on the basis of race, color, sex, age, national origin, religion, handicap, veteran status, or any other characteristics produced by Federal or State Law.

Enrollment Application

Legal Name (per ID) _____ Date _____

Address _____

Street

City

State

Phone # _____ Social Security # _____

Cell # _____ Date of Birth _____

EMAIL _____

Education

High School _____

Name

City

(GED or Diploma)

Other _____

Name

City, St

Year Graduated

Employment History

1. _____

Place of Employment/Name of Employer

Address _____ Phone _____

Job Title/Description: _____

Dates Employed _____

Supervisor's Name _____

Personal References

1. _____
First Last Phone
Address _____
Street City State Zip

2. _____
First Last Phone
Address _____
Street City State Zip

Personal Requirement Questionnaire

Because of the nature of the work for which you are being trained involves bending, stooping, lifting, walking, reaching, and carrying heavy objects, we would like to know if you have any limitations that we should know about to accommodate your needs.

_____ I have no physical limitations _____ My Physical limitations are as follows:

PERSONAL INFORMATION

Have you ever been convicted of/pled guilty/no contendre to or had a suspended sentence for any offense which would include felony, misdemeanor, petty offense, DUI, DWI, DWAI, shoplifting, or any type of abuse charge (other than a minor traffic violation)?

Yes _____ No _____

If yes, please explain:

Are you on probation? Yes _____ No _____

Please explain:

I hereby authorize an investigation of my past employment, references, and statements contained in this application and release all liability and responsibility from all persons, companies, or corporations supplying such information. Further, it is my understanding that any false statement made by me on this application shall be grounds for dismissal should I be accepted in the Ann Rose School of Nursing Arts. I also understand that if I get accepted, that acceptance is entered into "at will" and that enrollment may be terminated at any time for any reason, or no reason, by myself or by Ann Rose School of Nursing Arts.

Signature of Applicant _____

FINANCIAL ACCOUNTABILITY

The total cost for the 80-hour nurse training course is \$1,300.00 It is desirable to have the full amount paid at the time of acceptance into the program.

However, a minimum down payment of \$650.00 is required to secure your seat in a class (\$650.00 of the minimum payment is nonrefundable). Ann Rose School of Nursing Arts must be notified four days prior to the class start date to receive the refundable portion of the amount paid. The remaining payment of \$650.00 is due on or before the first day of class to complete clinical requirements. Students will not be able to graduate until the final payment is received in full.

I understand the terms of this financial agreement and by signing below indicate that I will fully comply or be withdrawn from the course.

If you have an agency paying for your tuition, please list the agency and the contact information

Signature of Applicant

Date _____

Additional Requirements

Ann Rose School of Nursing Arts provides a high-standard education. We contract with several facilities for clinicals (the practical portion of your education). We abide by the rules and regulations of the contracted facilities; therefore, below listed are the vaccinations are mandated for clinicals:

- 1) TB test (The TB takes 3 days)

Disclaimer

If Ann Rose staff makes recommendations (i.e., taking a 2nd language English course), it is solely designed as a tool for the successful outcome of each student.

Ann Rose School of Nursing Arts does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Signature

Date

Ann Rose School of Nursing Arts, Inc.

Name _____ Date _____

1. Why do you feel you would be a good CNA?

Office Use Only

Interviewed by _____ Date _____

Notes: