

## YCLC PRE-CLINICAL NURSE AIDE TRAINING

### Initial Contact Information

*Complete this form and **return by July 14, 2017** to register for the 2-Day Orientation.*

Today's Date:		E-mail Address:	
Last Name:		First Name:	
Address:			
City:	State:	County:	Zip:
Cell Phone:		Other Phone:	
Ethnicity:			
Birth Date: ____/____/____	SS# ____-____-____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Educational Background			
<b>Circle</b> Highest Grade Completed:    4   5   6   7   8   9   10   11   12   GED   13   14			
Names of Schools Attended with Cities and States (or Cities and Countries)	Completion Diploma/Degree/Certificate In Subject or Major	Dates Attended	

- **Have you EVER been arrested, convicted, or plead guilty to a summary charge, misdemeanor, or felony?**  
Yes or No? \_\_\_\_\_ (Be prepared to describe situation(s).)
  
- **Have you lived in/been a resident of Pennsylvania for the last 2 years?** Circle:  
YES/NO \_\_\_\_\_ (If "NO," give month and year of moving to PA.)
  
- **Do you have a means of reliable transportation?** Circle: YES/NO. If YES, Circle:  
Own car, Friend drives me, Taxi, Bus, other \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

(Your signature attests to the truth of the above statements.)

**This form must be received by July 14, 2017.**

**Mail to: York County Literacy Council, 800 E. King Street, York, PA 17403**

**Or e-mail to: next.step@yorkliteracy.org**