

YCLC PRE-NURSE AIDE TRAINING

Initial Contact Information

**Complete this form and return by March 30th, 2018
to register for the 2-day Orientation.**

Today's Date:			
Last Name:		First Name:	
Address:			
City:	State:	County:	Zip:
Cell Phone:		Other Phone:	
Email:			
Birth Date: ____/____/____	SS# ____-____-____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	

Ethnicity (choose one or more): Asian Hispanic/Latino
 Black/African American Caucasian Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native

Employment: Employed Full-time Employed Part-time Unemployed
 Employer: _____

Educational Background												
Highest Grade Completed:	4	5	6	7	8	9	10	11	12	GED	13	14
<i>Schools Attended</i>	<i>Completion Diploma/Degree/Certificate</i>									<i>Dates Attended</i>		

PLEASE TURN FORM OVER TO COMPLETE →

- **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) if interviewed.)
- **Have you lived in/been a resident of Pennsylvania for the last 2 years?**
_____ (If "No," then give month and year of moving to PA.)
- **Do you have a means of reliable transportation? _____** (ex: own a car, friend drives me, use taxis, use bus, etc.)
Describe in the blank space available at the bottom of this form.

Signature of Candidate

Date

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

This form must be received by March 30th, 2018.

**Mail to: York County Literacy Council, 800 E. King Street, York, PA 17403
or e-mail to: next.step@yorkliteracy.org**