

# YCLC PRE-NURSE AIDE TRAINING

## Initial Contact Information

**Complete this form  
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.)*

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