

COMPANION EXTRAORDINAIRE
NURSING NETWORK, INC.



STUDENT APPLICATION

DATE APPLIED:

DATE OF CLASS:

APPLYING FOR:

PCA CLASS

CNA CLASS

How did you find out about our school?

REFERED BY:

PERSONAL

Last Name:

First:

Middle:

Social Security Number:

Date of Birth:

Address (Number and Street):

City:

State:

Zip:

Phone Number:

Email:

Are you 18 years of age or older? YES NO

Are you legally eligible for employment in the United States? YES NO

Are you currently attending school? Nursing School Other: _____

Do you have any relatives currently employed with CENN, Inc.? YES NO If yes, who? _____

Why are you pursuing this career path?

Reference #1 – PROFESSIONAL

Name _____ Phone _____

Dates worked: _____ Responsibilities: _____

Reference #2 – PERSONAL

Name _____ Phone _____

Dates known: _____

For Office Use Only:

EMPLOYMENT HISTORY

REFERENCE RELEASE: I hereby authorize CENN, INC. to contact current and/or previous employers, in consideration of providing information for the purpose of obtaining employment. I agree to release CENN, Inc. and hold them harmless from any and all claims, damages or demands which I may have as a result.

Name (Printed) _____ Date: _____
Signature: _____ Date: _____

COMPANY ADDRESS PHONE NUMBER

POSITION: DUTIES

FROM: To: SALARY:

SUPERVISOR: MAY WE CONTACT? YES NO

REASON FOR LEAVING:

COMPANY ADDRESS PHONE NUMBER

POSITION: DUTIES

FROM: To: SALARY:

SUPERVISOR: MAY WE CONTACT? YES NO

REASON FOR LEAVING:

COMPANY ADDRESS PHONE NUMBER

POSITION: DUTIES

FROM: To: SALARY:

SUPERVISOR: MAY WE CONTACT? YES NO

REASON FOR LEAVING:

EDUCATION BACKGROUND

HIGH SCHOOL CITY STATE

To FROM DIPLOMA YES NO

COLLEGE YES NO CITY STATE

GRADUATE YES NO OTHER EDUCATION

MILITARY SERVICE: YES NO IF YES, TO: FROM: DUTIES:

LIST ANY SPECIAL SKILLS/ QUALIFICATIONS WHICH YOU POSSESS:

Companion Extraordinaire Nursing Network, Inc.

DRUG FREE, ALCOHOL FREE, SMOKE FREE WORKPLACE:

Companion Extraordinaire Nursing Network Inc. and Trained to Care School of Continuing Education maintain a drug-free, alcohol free and smoke free workplace.

The unauthorized use of alcohol or any drug, legal or illegal, or unauthorized possession, manufacture, transfer, or sale of drugs or alcohol on the organization's premises, or clients home, is cause for disciplinary action, including discharge, where such conduct adversely affects the organization or its employees.

Each student, as a condition of enrollment, may be required to participate in pre-enrollment, random, post-accident, reasonable suspicion and return-to-duty testing upon selection or request of management.

Testing for the presence of alcohol will be conducted by analysis of blood. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood and hair.

READ CAREFULLY BEFORE SIGNING:

I hereby certify that the facts set forth in this enrollment application are true and complete to the best of my knowledge. I understand that if I am enrolled in school, falsified statements on this application shall be considered cause for revocation of the offer or dismissal. I also realize that this information will be verified by the school. I authorize my former employer(s) to cooperate with CENN Inc. and to release on a confidential basis my information they may have concerning me. If enrolled, I agree to abide by all of the organization's rules. I understand that enrollment, if offered, maybe contingent on completion of a pre-placement medical screening which includes demonstrating through a pre-employment drug test that I am free of illicit drugs. In addition, I understand that continued enrollment is contingent on compliance with the organization's policies on providing an alcohol and drug-free workplace, including drug and alcohol testing. All persons enrolled at Trained to Care School of Continuing Education are required to consent to a criminal record background investigation. A conviction will not necessarily disqualify one from employment. However, convicted criminals are subject to discharge if the criminal record investigation reveals a conviction that the organization considers to bring into question the student's suitability for the position.

I understand that, if enrolled, enrollment will be "at will" and shall be terminable by the school or myself at any time with or without cause. If enrollment is terminated by either party, your monies will not be refunded. Any statements or promises to the contrary are not binding unless verified, in writing, by the School Administrator. This application is valid for 90 days from the date submitted.

Signature

Date

**SWORN STATEMENT AND AFFIRMATION OF APPLICANT FOR COMPENSATED OR VOLUNTARY EMPLOYMENT
AT CENN, INC.**

I have been convicted of or am the subject to pending charges for the following criminal offenses with the Commonwealth of Virginia or equivalent criminal offences outside the Commonwealth of Virginia.

NO	YES	(Place and "X" in the appropriate box below)
(Charge)	(Conviction)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Murder or manslaughter as set out in Article 1 18.2-30 et. Seq. of Chapter 4 of Title 18.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abduction for Immoral Purpose, as set forth in Va. Code 18.2-48.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Assaults and Bodily Woundings, as set forth in Article 4 Va. Code 18.2-51 et seq.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Carjacking as set out in Article 7 18.2-58.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Threats of bodily injury as set out in 18.2-60
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Felony stalking as set out in 18.2-60.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Robbery, as set forth in Va. Code 18.2-58.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sexual Assault, as set forth in Article 7 of Chapter 4 of Title 18.2-61 et Seq.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arson, as set out in Article 1 of Chapter 5 of Title 18.2-77 et seq.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drive by shooting as set out in 18.2-286.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Use of machine gun in crime of violence as set out in 18.2-289.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Aggressive use of a machine gun as set out in 18.2-290
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Use of a sawed-off shotgun in a crime of violence as set out in Subsection A of 18.2-300
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pandering, as set forth in Va. Code 18.2-355
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crimes Against Nature Involving Children, as set forth in Va Code 18.2-361
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Incest as set out in 18.2-366

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Taking Indecent Liberties With Children, as set forth in Va. Code 18.2-370 or 18.2-370.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse and Neglect of Children, as set forth in Va. Code 18.2-371.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Falling to Secure Medical Attention for an Injured Child, as set forth in Va. Code 18.2-314. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obscenity Offences, as set forth in Va Code 18.2-374.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Possession of child pornography as set out in 18.2-374.1.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electronic facilitation of pornography as set out in 18.2-374.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse and Neglect of Incapacitated Adults, as set forth in Va. 18.2-369 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employing or permitting a minor to assist in an act constituting an offense under Article 5.18.2-372 et seq. of chapter 8 of Title 18.2 as set out in 18.2-379 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delivery of drugs to prisoners as set out in 18.2-474.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Escape from jail as set out in 18.2-477 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Felonies by prisoners as set out in 53.1-203, or an equivalent offence in another state. |

I have been given opportunity to discuss the sworn statement and affirmation with a CENN, Inc. representative before signing this document.

I hereby swear and affirm that the representations which I have made in this document are wholly true and accurate.

I hereby authorize CENN, Inc. to obtain an original criminal history record from the Virginia State Police or their appropriate sources.

I understand that if I make a materially false statement regarding the above listed offenses, I shall be guilty of a Class 1 misdemeanor and subject to immediate disqualification from a termination of employment.

Signature of Applicant

Date

Signature of Witness

Date