



5111 Lakeside Ave  
 Henrico, VA 23228  
 804-752-2205



112 England Street  
 Ashland, VA 23005  
 804-752-2205

**STUDENT APPLICATION**

**PLEASE COMPLETE ALL FIELDS - - USE 'N/A' FOR THOSE NOT APPLICABLE**

Date Applied: \_\_\_\_\_ Date of Class: \_\_\_\_\_

Applying to:     PCA Class                       CNA Class                       Medication Aide Class

How did you find out about our school? \_\_\_\_\_

Referred by: \_\_\_\_\_

**PERSONAL:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (Number and Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ 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? YES NO Nursing School Other: \_\_\_\_\_

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

REFERENCE RELEASE: I hereby authorize CENN, INC. to contact my personal and professional reference in consideration of providing information for the purpose of starting classes. 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: \_\_\_\_\_

**Reference #1 – PROFESSIONAL**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates worked: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

**Reference #2 – PERSONAL**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates known: \_\_\_\_\_

<p><b>For Office Use Only:</b>  <input type="checkbox"/> Essay received    <input type="checkbox"/> Deposit received: _____    <input type="checkbox"/> Paid in Full: _____    <input type="checkbox"/> Other: _____</p>
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***\*Please use the space provided to write a 500 word essay on why you are pursuing a career in health care.***

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**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, FROM: TO: DUTIES:

LIST ANY SPECIAL SKILLS / QUALIFICATIONS WHICH YOU POSSESS:

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**Companion Extraordinaire Trained to Care Classes for Adult Education**

**DRUG FREE, ALCOHOL FREE, SMOKE FREE WORKPLACE:**

Companion Extraordinaire Nursing Network Inc. and Trained to Care Classes for Adult 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 in our clinical site facility, 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-class testing upon selection or request of school administration.

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 and blood when applicable.

**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 information they may have on me. If enrolled, I agree to abide by all 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-enrollment 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 environment, including drug and alcohol testing. All persons enrolled at Trained to Care Classes for Adult Education are required to consent to a criminal record background investigation. A conviction will not necessarily disqualify one from the program, however; convicted criminals are subject to discharge if the criminal record investigation reveals a conviction that the organization considers bringing into question the student's suitability for the position of a healthcare professional.

I understand that, if my application is accepted, enrollment will be "at will" and shall be terminable by the school or myself at any time with or without cause. I further understand that once class begins and if enrollment is terminated by either party; monies will not be refunded. Finally, if for unforeseen circumstances, I am unable to complete the course, it is the sole discretion of CENN, Inc. Trained to Care administration as to whether or not there will be availability in the next class only and a \$100 re-start fee will be required. No other class will be considered. Any statements or promises to the contrary are not binding unless verified, in writing, by the school administration.

**DMAS Requirements for Personal Care Aides (PCA) include: 1. Must be 18 years of age or older; 2. Must be able to read and write in English to the degree necessary to perform the tasks expected; and 3. Must be able to perform the tasks required.**

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Student Signature

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Date