



**APPLICATION FOR THE NURSING ASSISTANT PROGRAM**

Social Security Number: \_\_\_\_\_ Student Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month/Day/Year) (City/State)

---

High School from which you graduated: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

If you did not graduate, did you receive a GED? Yes No; if yes, year received: \_\_\_\_\_

**Citizenship:** Are you a U.S. Resident? Yes No; if no, specify: \_\_\_\_\_

**Residency:** (Please check the appropriate box)

\_\_\_\_\_ I affirm that I am an Alabama resident for at least the previous twelve months.

\_\_\_\_\_ I am not a legal resident of Alabama.

*(Optional)- This data is used only for data collection purposes*

Sex: Male Female

Ethnicity: (circle) African American Caucasian Hispanic Asian/Pacific

American Indian/Alaskan Other: \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_