

**Companions of Ashland Home Care  
& Nurse Aide Training Center  
1247 E. Main St.  
Ashland, Ohio 448085  
419-281-2273  
STNA TRAINING APPLICATION**

An Equal Opportunity Employer/Training Center

Qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age, or marital status, or the presence of a non-related medical conditions or disability. All questions must be answered and application signed. Any application that provides un-requested information will be automatically rejected.

Training to start: \_\_\_\_\_ Date of application: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_/\_\_/\_\_\_\_  
Last First MI

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

How Long at this address: \_\_\_\_\_ Cell phone No. \_\_\_\_\_

Home phone: \_\_\_\_\_ If necessary, best time to call: \_\_\_\_\_

E-Mail: \_\_\_\_\_(optional)

Are you sponsored or do you work in a Long Term Care Facility? Yes/No  
(If yes, please give name and address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Are you eligible to work in the United States: Yes/No

Can you read and write English? Yes/No

Have you ever been convicted of or pleaded guilty to a felony in the past seven years?

Yes/No

(If yes please explain: give date location, charge, etc)

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Convictions need to be reviewed with Program Coordinator prior to starting class)

Person to be contacted in case of emergency:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell# \_\_\_\_\_