



**Altra Academy  
Application for Home Health Aide Training**

<b>Date</b>				
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>
<b>Address:</b>	<b>Number / Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b>				
<b>Email Address</b>				
<b>Social Security Number</b>				
<b>Driver's License Number</b>				
<b>Emergency Contact Information: Name / Contact Information / Relationship</b>				

**How Did You Hear About Us?**

<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Internet <input type="checkbox"/> Sign <input type="checkbox"/> Other _____
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**Education and Training**

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma / Degree</b>
High School				
Undergraduate College				
Graduate / Professional				
Other (Please Specify)				

Is there anything else you would like to tell us about yourself? \_\_\_\_\_  
 \_\_\_\_\_.

*Please be aware that we will be running a background check on all candidates for the training.*