Clarion County Career Center
Practical Nursing Program Application

First Name:

Last Name:

Middle Name:

List name shown on high school transcript, diploma or GED certificate:

Social Security Number:

Home Phone Number:

Work Phone Number:

Address: Street or R.D., and Box Number

City:

State:

Zip Code:

EDUCATION

Name of High School:

Address:

Post Secondary:

Address:

Was high school diploma conferred by a GED? (Note: Copy of scores and diploma will need to be submitted)

Yes

No

Highest grade completed:

High School Graduate

GED

Some College

Associates Degree

Bachelors Degree

Masters Degree

WORK EXPERIENCE:
Please provide name, address, dates of employment and reason for leaving employment in the last three years

Employer Name: Employer Address:

Date of Employment From: Date of Employment To:

Reason For Leaving:

Employer Name: Employer Address:

Date of Employment From: Date of Employment To:

Reason For Leaving:

Employer Name: Employer Address:

Date of Employment From: Date of Employment To:

Reason For Leaving:

REFERENCES - Three (3) (Not Relatives)
Please list name and complete address for each reference. One should be most recent employer.

1. First Name: Last Name: Phone Number:

1. Street: City and State: Zip Code"

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2. First Name: Last Name: Phone Number:

2: Street: City and State: Zip Code:

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3. First Name: Last Name: Phone Number:

3: Street: City and State: Zip Code:

How did you learn about our nursing program?

Provide a brief summary on "What I want to be a Practical Nurse?"

Which class are you interested in attending?

    Full-Time Class - 12 Months

    Part-Time Class - 24 Months

    Undecided at this point

Applicant Name: Date: