

Unity Nursing Institute

5715 Westpark Drive, Suite 202 Charlotte NC 28217

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APPLICATION FORM

NURSE AIDE 1 PROGRAM

STUDENT NAME LAST _____ FIRST _____ MIDDLE
INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: (HM) _____

CELL _____

EMAIL _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

EMERGENCY

CONTACT _____ RELATIONSHIP _____

CONTACT PHONE # _____

EDUCATION HISTORY: HIGH SCHOOL (Y/N) GRADE FINISH ()

PLEASE INDICATE NAME OF SCHOOL

ATTENDED _____

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ADDRESS OF
SCHOOL _____

SCHOOL TELEPHONE NUMBER _____

PLEASE STATE ANY OTHER EDUCATION YOU MUST HAVE
ATTENDED _____

PLEASE PROVIDE COPY OF EDUCATIONAL CERTIFICATE and TRANSCRIPT

If applicant cannot provide any of the above documents the school will give a pre-entrance test.

Applicant must pass the pre-entrance exam (a test of basic math and Basic English) with a minimum score of 75%. The school will not allow you to retake the test.

ALL APPLICANTS MUST COMPLETE AND SUBMIT A CRIMINAL BACKGROUND CHECK, DRUG SCREEN TEST AND TB SKIN TEST.

I hereby certify that the information provided in this application for Unity Nursing Institute is true and to the best of my knowledge.

Applicant
Signature _____ Date _____