



# CNA Training Application

To be considered for employment, you must fill in ALL information requested below. Please **provide us with your most recent résumé**. Please use ink and sign in the area indicated. Peconic Landing is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, national origin, citizenship status, age, disability, sex, veteran status or any other characteristic protected by applicable federal, state or local laws, regulations or ordinances. We are committed to diversity in the workplace and promote a drug-free environment. Please let us know if you need accommodation to complete the application process.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Phone #'s: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ (e-mail address) \_\_\_\_\_

1. Have you ever worked under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes (give name) _____
2. How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Peconic Landing Associate <input type="checkbox"/> Employment web site/Indeed <input type="checkbox"/> Our web site/Social media <input type="checkbox"/> Job Fair <input type="checkbox"/> Other (please specify): _____
3. Have you ever filed an application with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes (mo/yr.....)
4. Have you ever been employed with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes (mo/yr.....)
5. If you are under 18 years of age, can you provide required proof of your eligibility to work?..... <input type="checkbox"/> No <input type="checkbox"/> Yes
6. Are you legally eligible for employment in this country? <input type="checkbox"/> No <input type="checkbox"/> Yes (Proof of citizenship/immigration status will be required upon employment.)
7. Have you been convicted of a crime (misdemeanor/felony) <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain) _____ _____

## Employment Desired

Class you are applying for:	Date you can start:		
-----------------------------	---------------------	--	--

Are you available to work:  Full Time  Part Time  Temporary *List days and hours available below:*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
--------	--------	---------	-----------	----------	--------	----------

## Education and Skills

Institution	School Name & Address	Years Completed	Did you graduate?	Degree/Subjects Studied
High school		1 2 3 4	Y N Mo/Yr: _____	
College or trade school		1 2 3 4	Y N Mo/Yr: _____	
Graduate school		1 2 3	Y N Mo/Yr: _____	

Do you possess skills that you believe make you particularly qualified to work for Peconic Landing? Please describe below.

## Work Experience (List 5 or more years starting with your current or most recent job.)

Dates employed (month/year)	Place of Employment:	Address:
Job title:	Supervisor:	Phone number:
Beginning salary:	Ending salary:	Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of job and duties:		



Dates employed (month/year)	Place of Employment:	Address:	
Job title:	Supervisor:	Phone number:	
Beginning salary:	Ending salary:	Reason for leaving:	May we contact? __Yes __ No
Description of job and duties:			

Dates employed (month/year)	Place of Employment:	Address:	
Job title:	Supervisor:	Phone number:	
Beginning salary:	Ending salary:	Reason for leaving:	May we contact? __Yes __ No
Description of job and duties:			

**References (List three professional contacts with whom you have worked.)**

1. Reference Name	Connection/Relationship	Telephone	Years Known
2. Reference Name	Connection/Relationship	Telephone	Years Known
3. Reference Name	Connection/Relationship	Telephone	Years Known

**Agreement & Certification (Read carefully before signing.)**

I have read and fully understand the questions asked in this application. I affirm that all answers given by me are **true, accurate and complete**. I understand and agree that any misrepresentation by me in this application or any other materials submitted by me to Peconic Landing will be sufficient cause for cancellation of this application and consideration for acceptance into the CNATP and/or future employment with Peconic Landing if I pass the course and become a CNA. I give Peconic Landing permission to use any information in this application, to enable it, and its agents to verify the information contained in this application. I hereby release from liability Peconic Landing and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

This application is current and considered active for a period of six months from the date signed below. At the conclusion of this time, if I have not heard from Peconic Landing and still wish to be considered for the CNATP, it will be necessary for me to fill out a new application.

I understand that if accepted into the program I am not guaranteed employment with Peconic Landing. I agree to comply with Peconic Landing policies and recognize that failure to comply may result in my dismissal. I understand that no manager or representative of Peconic Landing, other than the CEO or his designee, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and then, only if the agreement is expressly set forth in a written document signed by the associate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CONSUMER NOTICE**

Please be advised that a consumer report may be obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.