

## **APPLICATION**

## 3 ways to apply:

Return this form by emailing: CNAacademy@gaylord.org

Apply on-line: www.gaylord.org/CNA Search CNA Academy

Or mail to: Kristen Berg, BSN, RN **CNA Program Coordinator Gaylord Hospital** 50 Gaylord Farm Rd Wallingford, CT 06492

Date://				
Name:				
Address:	City	State	Zip	
Are you 18 years of age or older?	☐ YES ☐ NO			
Are you a US Citizen? ☐ YES	□ NO			
If No, are you authorized to we	ork in the United States?	YES NO		
Are you fluent in the English langu	age? ☐ YES ☐ NO			
Do you have your High School Diplo	oma or GED?	□ NO		
Do you have regular and reliable tra	nsportation?   YES	□NO		
Are you fully vaccinated and booste	ed for COVID-19? 🗌 Yi	ES 🗆 NO		
Cell: ()				
Email:	<del></del>			
Preferred communication method:	☐ Text ☐ Call ☐	Email		
How did you hear about our program?:				

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What inspires you to become a CNA	٩?	
Why did you choose Gaylord's CNA	program?	
Would you be interested in an empl	oyment opportunity after the co	urse is completed?
☐ YES ☐ NO		

Questions about the application process? Call (203) 284-2784.