

# TRINITY SCHOOL OF NURSING

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## APPLICATION FORM

Program:  CNA  CHHA  CEUs  FT  PTW  
Location:  Ventura  Satellite Location  
Start Date : \_\_\_\_\_

### FOR OFFICE USE ONLY. DO NOT FILL IN:

Student ID No. \_\_\_\_\_

Class ID No. \_\_\_\_\_

### PERSONAL INFORMATION

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME PHONE # CELL PHONE # SOCIAL SECURITY#  
EMAIL: \_\_\_\_\_

### EMERGENCY CONTACT PERSON

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
TELEPHONE #  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

### EDUCATIONAL BACKGROUND

	Name & Address of School	Year Graduated	Diploma/Certificate
High School	_____	_____	_____
	_____		
College	_____	_____	_____
	_____		

### WORK EXPERIENCE

Employer's Name: \_\_\_\_\_ Date of Employment: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
Job Description/Responsibilities: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Date of Employment: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
Job Description/Responsibilities: \_\_\_\_\_

I hereby certify that the above information given is correct and true.

Signature

Date

# INTERVIEW FORM

How did you learn about Trinity School of Nursing? (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Flyers            | <input type="checkbox"/> Facebook        |
| <input type="checkbox"/> Brochures         | <input type="checkbox"/> Referral: _____ |
| <input type="checkbox"/> Postcards         | <input type="checkbox"/> Gas Station Ad  |
| <input type="checkbox"/> Online/Web Search | <input type="checkbox"/> Other: _____    |

Would you be interested in being on the Contact List for Job Listings?  Yes  No

Would you be interested in enrolling in the Certified Home Health Aide Program?  Yes  No

What do you plan to do after completing the CNA Program? (Please check all that apply)

- Enroll in an RN/LVN Program.
- Find a job in a Nursing Facility
- Find a job in a Hospital
- Other: \_\_\_\_\_

Please write a brief description about yourself. Include hobbies, interests, and special skills.

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What made you decide to enroll in this program?

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What are your expectations for this program and the school?

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\_\_\_\_\_  
TSN Representative Signature

\_\_\_\_\_  
Date