

APPLICANT

Legal Name _____
Last/Family/Sur (Enter name exactly as it appears on official documents) First/Given Middle (complete) Jr., etc.

Preferred Name, If not first name (choose only one) _____ Former last name(s) if any _____

Birth Date _____ Female Male US Social Security Number _____
Mm/dd/yyyy

Preferred Telephone Home Cell Home (_____) _____ Home (_____) _____
Area/Country/City Code Area/Country/City Code

E-mail Address _____

Permanent Home Address _____
Number & Street Apartment #

City/Town State/Province Country Zip/Postal Code

If different from above, please give your current mailing address for all admission correspondence.

Current Home Address _____
Number & Street Apartment #

City/Town State/Province Country Zip/Postal Code

EDUCATION

Secondary Schools

Current or most recent secondary school attended _____

Entry Date _____ Graduation Date _____ School Type: Public Charter Independent Religious
mm/yyyy mm/yyyy

Address _____ CEEB/ACT Code _____
Number & Street

City/Town State/Province Country Zip/Postal Code

College & Universities List all colleges you have attended since 9th grade.

College/University Name	Location (City, State/Province, Zip/Postal Code, County)	Degree Candidate?		Dates Attended Mm/yyyy – mm/yyyy	Degree Earned
		Yes	No		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ADDITIONAL INFORMATION

Language Spoken _____

Will you remain as an employee of BG Healthcare Services? Yes No Do you have a Driver's License? Yes No

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Yes No

Application Fee Payment

The Fee for the PCA (Personal Care Aide) Class is \$350.00 which is due upon submission of this application form.

Required Signature

I certify that all information submitted in this application is in my own work, factually true and honestly presented, and that this document will become the property of BG Healthcare Services, Inc. to which I am applying and will not be returned to me.

I affirm that I will send the Enrollment Fee upon submission of this application form and other supporting documentations that may be asked from me by the PCA Class facilitator.

Signature _____ Date _____
mm/dd/yyyy