



Application for Nurse Aide

Detroit Divine Senior Living

Instructions: Please **PRINT** clearly in blue or black ink.

Section 1: Personal Information

- Last Name: _____
- First Name: _____
- MI: _____
- Address: _____
- City: _____
- State: MI Zip Code: _____
- Phone Number: (_____) _____ - _____
- Email Address: _____
- Social Security Number (Required for Background Check):

- Date of Birth (Required): _____
- Gender: ☐ Male ☐ Female ☐ Other
- Driver's License Number: _____ State: MI

Section 2: Eligibility Questions

- 1. Have you EVER been convicted of a crime, including any and all misdemeanors (other than a minor traffic violation)? (You need not disclose any marijuana-related convictions that occurred before the marijuana laws reform legislation.) ☐
Yes ☐ No If Yes, please provide details on a separate sheet.
- 2. Do you have any health-related condition, certification or disciplinary action taken (revoked, suspended, etc.) against you by a healthcare licensing board or agency in any state or jurisdiction? ☐ Yes ☐ No If Yes, please provide details on a separate sheet.

Section 3: Nurse Aide Certification Information

- **Type of Request:** (Check ONE) ☐ Initial Application (New CNA Certificate) ☐ Renewal ☐ Reinstatement ☐ Verification of a Michigan CNA Certification
- **If this is an Initial Application or Renewal, complete the following:**
 - Name of school or facility where you received/are receiving your CNA training:

- Address (Street number and street name or P.O. Box number):

- City: _____ State: MI Zip Code: _____
- Telephone: (____) _____ - _____
- CNA Training Program ID Number (If applicable):

- Michigan Training Program Completion Date (Expected or Actual):

- **If you are requesting Reinstatement, complete the following:** (See instructions on the reverse)
 - Date your Michigan CNA certificate expired: _____
 - Reason for expiration: _____
- **If you are requesting Verification of a Michigan CNA Certification, complete the following:**
 - Michigan CNA Certificate Number: _____
 - Reason for verification: _____

Section 4: Employment History (Past 3 Years)

- Employer 1 Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: (____) _____ - _____
- Dates of Employment: From: _____ To: _____
- Supervisor Name: _____
- Job Title: _____
- Reason for Leaving: _____
- Employer 2 Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: (____) _____ - _____
- Dates of Employment: From: _____ To: _____
- Supervisor Name: _____
- Job Title: _____
- Reason for Leaving: _____
- Employer 3 Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: (____) _____ - _____
- Dates of Employment: From: _____ To: _____

- Supervisor Name: _____
- Job Title: _____
- Reason for Leaving: _____

Section 5: Licenses and Certifications

- Are you currently licensed or certified as a CNA in any other state? ☐ Yes ☐ No
 - If yes, please list: _____
- Do you have any other healthcare licenses or certifications? ☐ Yes ☐ No
 - If yes, please list: _____

Section 6: Background Information

- Have you ever been the subject of an investigation by a healthcare licensing agency or board? ☐ Yes ☐ No
 - If yes, please explain: _____
- Have you ever been denied employment or had employment terminated in a healthcare setting? ☐ Yes ☐ No
 - If yes, please explain: _____

Section 7: Authorization for Background Check

I hereby authorize Detroit Divine Senior Living to conduct a background check, including a criminal history check, as part of the application process. I understand that this background check is required for employment consideration.

- Signature: _____
- Date: _____

Section 8: Applicant Statement

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false ¹ or misleading information may result in disqualification from employment consideration or termination of employment. ²

- Signature: _____
- Date: _____

Thank you for your interest in Detroit Divine Senior Living!

