

**OnTrack Nursing Assistant Training Application**

*Please complete entire form and return to Human Resources*

*Program acceptance is determined Instructor and Committee Review. You will be notified by Human Resources via telephone or email pending criteria.*

**Site (circle one)**: Bigfork Valley LTC

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Employee ID:** \_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Hire:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Essay Questions**

Please write a one paragraph response to each of the questions below. Feel free to type your response and attach it to this application.

**Why do you want to be a Nursing Assistant?**

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**Explain why you are a good candidate for the OnTrack program.**

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**What do you enjoy most about working with older adults?**

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**Where do you see yourself in 10 years?**

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**Criteria:** I understand the requirements of Bigfork Valley Hospital’s OnTrack Nursing Assistant Training program. I understand that enrolling in this program requires me to remain in good standings with the Bigfork Valley Hospital for 6 months following completion of the program.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Approval Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Site Use Only***

Application is complete:

 🞏 YES

* NO

Employee is in good standing:

 🞏 YES

* NO

Employee is:

 🞏 Approved

 🞏 Declined

Date: \_\_\_\_\_\_\_\_\_\_\_ STAFF TITLE: \_\_\_\_\_\_\_\_\_\_\_\_