



APPLICATION FOR ESSAY CONTEST

PLEASE USE BLACK INK TO COMPLETE THIS APPLICATION • RETURN WITH COMPLETED ESSAY

Last Name _____ First _____

Middle Name/Initial _____

Other Names Used _____

Date of Birth _____

CONTACT INFORMATION

Street Address _____ County _____

City _____ State _____ Zip _____

Primary Phone Number (Please check one) Home Cell Business

(_____) _____

Alternate Phone Number (Please check one) Home Cell Business

(_____) _____

BACKGROUND INFORMATION

Have you been convicted of a crime, misdemeanor, or felony? Yes No

If yes, Please explain _____

Applicants who have been chosen as finalists will be contacted to provide further documentation for a state mandated background check that is required for health care workers.

CITIZENSHIP STATUS

US Citizen

Permanent Resident or Resident Alien (Provide Alien Registration Card, form I-551)

Refugee or Asylum Status (Provide proof of status from USCIS)

