



**KLINE
GALLAND**

Honor Thy Father & Mother

KLINE GALLAND ACADEMY

Please print or type all information except signature.

THANK YOU FOR YOUR INTEREST IN KLINE GALLAND ACADEMY

Please complete if you are interested in applying for the next Certified Nursing Assistant training class and email to EsteveS@klinegalland.org

GENERAL INFORMATION

Date _____

Referral Source Friend Relative Employment Agency Kline Galland website
 Internet Search Walk-in Other _____

Referred by (Name): _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip

Home Telephone
(____) _____

E-mail address _____

Cell Phone (____) _____

If under 18, can you provide a work permit? Yes No

Class desired: Day hours (9:30AM to 4:30PM Wednesday/Thursday/Friday)

When are you available to start? _____

Shifts available to work if hired Days Evenings Nights Weekends

Non-Discrimination Policy: Kline Galland Center and Affiliates is committed to the principle of equal opportunity in employment. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities

Thank you for your interest and someone will be in touch with you soon.