SANTA BARBARA CITY COLLEGE
CNA/HHA

Date received_____
Graduate_____
Withdrew _____

Name

_____
Last First Middle other last names

Address

_____
Number/Street City State Zip Phone

Date of Birth _____ SS#_____
Gender _____F _____ M

Person to call in case of emergency:
Name_____ Relationship _____

Address_____ Phone _____
Number Street City State Zip

1. EDUCATION
   High School: (NAME)
   _____

   Dates attended_____ Grad date_____ GED _____

   College:
   _____
   list college degrees and/or units completed

2. WORK EXPERIENCE: List most recent first

Employer	City/State	From Mo/Yr	To Mo/Yr	Type of Work

3. Date SBCC Assessment Test Taken _____ Math _____ English _____

4. Ethnic Group: (response optional but appreciated)
   _____ American Indian/ Alaskan Native _____ Anglo _____ Asian/Pacific Islander
   _____ Black _____ Filipino _____ Hispanic

5. Are you Bilingual? ____No ____Yes If yes, what language(s)? _____
   Is English your primary language? ____No ____Yes
   If no, what is your primary language? _____

6. Have you ever been convicted by any court of a crime, other than a minor traffic violation?
   ____Yes ___No

7. Have you ever applied for CNA/HHA Program before? _____No _____Yes: Date _____

I certify under penalty of perjury that all information contained herein is correct, and understand that the penalty for submitting fraudulent information for acceptance into the program is immediate dismissal and withholding of grades.

Signature _____ Date_____

cna/applic