



100 Saint Camillus Way 🌿 Fairport, NY 14450 🌿 585-377-4000 🌿 Fax: 585-377-0013 🌿 www.Aaronmanor.com

Certified Nursing Assistant Training Program

This program prepares the student as a Certified Nurse Assistant (CNA). Through classroom studies, lab, and clinical practice, the student will be prepared to assist the nurse in providing care for the resident/patient. Students become certified after completion of the Certified Nursing Assistant program and successful completion of the Prometric Exam (State examination). The CNA is an active and valued member of a healthcare team. Graduates often use this program as a stepping stone to further nursing education.

Entrance Requirements

- High School Diploma or HSE
- Health Physical within one year of program start date
- Proof of immunizations –MMR
- Proof of PPD
- Proof of Flu Shot (if flu season)
- Two professional references
- Must be 18 years or older
- Must be able to pass a criminal background check
- Must complete the program application and interview process
- Proof of US Citizenship or Legal Alien status.
 - Only original unexpired Green Cards or Permanent Resident Cards accepted
- Two forms of valid non-expired Identification
 - One must contain a photo and be state government issued
 - Must contain: name, address, DOB, gender, height, gender & eye color
 - One must be a valid social security card
- Must be available to participate in daily program Monday through Friday and complete clinical's that may vary in hours including evening shifts.
- Must be able pass a written test for reading and writing
 - Must be able to read, write and speak English
- Must have the means to purchase two uniforms for classroom participation.
 - 2 pair white professional uniforms pants or skirts –*must be knee length*
 - 2 "Ceil Blue" uniform Scrub tops
- Must be able to perform the physical duties of a Certified Nursing Assistant which include
 - Walking, Sitting, Standing, Pushing, Pulling, Bending, Lifting no more than 50lbs.

Apply in person, by fax (585) 377-0095, on line www.aaronmanor.com, or by mail
100 Saint Camillus Way, Fairport, NY 14450 PH: (585) 377-4000



CERTIFIED NURSING ASSISTANT TRAINING PROGRAM

Thank you for your interest in participating in the Aaron Manor Rehabilitation & Continuing Care Center Certified Nursing Assistant Training Program. Before you complete this program application there are a few things we would like you to know about Aaron Manor:

- ❖ This application was designed to gather specific information about individuals interested in the Certified Nursing Assistant Training Program and working for Aaron Manor. Please answer all the questions honestly and with the appropriate information. However, please do not provide any information that is not requested on this form. Applicants providing information that is not requested will be automatically rejected and the application destroyed immediately. Please complete all section of the application.
- ❖ An individual will be considered for a space in the Certified Nursing Assistant Training Program only after submitting a completed application for an open and available position.
- ❖ Applications will be kept on file for a period of six (6) months and may be reviewed when a new program commences and additional open positions becomes available. -Previous applicants may be contacted in order to determine their availability and interest. After 6 months applicants will need to reapply.
- ❖ Aaron Manor is an equal opportunity employer and will not discriminate, or tolerate discrimination or retaliation against any applicant based on race, religion, creed, color, sex, national origin, military status, sexual orientation, marital status, disability, predisposing genetic characteristics, status as a victim of domestic violence, gender orientation, gender identification or any other category protected by local, state or federal law.

Again, thank you for your interest in joining the Aaron Manor Certified Nursing Assistant Training Program and team!

Joseph B. Dilal, III
Administrator

Let's get Started!

APPLICANT NAME					
Last Name	First	M.I.	Date		
Do you now or have you ever worked for AARON MANOR before?			<input type="checkbox"/> NO <input type="checkbox"/> YES - Give Dates & Position		
Do you now or have you ever worked for WESTGATE NURSING HOME?			<input type="checkbox"/> NO <input type="checkbox"/> YES - Give Dates & Position		
Do you have FAMILY MEMBERS working for Aaron Manor?			<input type="checkbox"/> NO <input type="checkbox"/> YES - List Name & Relationship		
Were you REFERRED to the C.N.A. Program? <input type="checkbox"/> NO <input type="checkbox"/> YES (By Whom) Name & Relationship			Are you at least 18 years of age or older? <input type="checkbox"/> NO <input type="checkbox"/> YES		

APPLICANT INFORMATION

Last Name	First	M.I.	Maiden Name
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APPLICANT INFORMATION

Mailing Address		APT / Unit	
City	State	Zip	
Physical Address		APT / Unit	
City	State	ZIP	
Home Phone		Cell Phone	
Email Address		Social Security No. - -	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of anything other than a misdemeanor?		Answering yes does not automatically make you ineligible for the training program. Full disclosure is required. Please explain in the space provided:	
YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, explain			

EDUCATION

High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES*Please list three professional references. – No Family or Friends*

Full Name	Relationship to you
Profession	Phone
Company they work for	email
Full Name	Relationship to You
Profession	Phone
Company they work for	email
Full Name	Relationship to You
Profession	Phone
Company they work for	email

APPLICANT INFORMATION

Last Name _____

First _____

M.I. _____

DISCLAIMER CERTIFICATION

DISCLOSURE OF A CRIMINAL CONVICTION – I understand that a conviction will not necessarily result in disqualification for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause as long as the employer does not discriminate based on a protected category.

I understand that no manager or representative of the company, other than the Administrator, or an authorized designee, has any authority to enter into any agreement contrary to the foregoing either now, in the past or in the future. I further understand that such an agreement must be in writing and signed by the Administrator for it to be binding on either myself or the company. I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I authorize Aaron Manor, or party acting on behalf of Aaron Manor, to verify their accuracy and to obtain reference information on my work performance. I hereby release Aaron Manor, and all parties authorized to work on their behalf, from any/all liability of whatever kind and nature which, at any time, could result from obtaining, and having an employment decision based on, such information. I understand that any misrepresentation or omission on this application may preclude me from receiving an offer of employment, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

Applicant's Signature _____

Application Date _____

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

**Aaron Manor Rehabilitation and Health Continuing Center
100 Saint Camillus Way
Fairport, New York 14450
PH: (585) 377-4000**

In connection with my application for employment with Aaron Manor, I authorize all persons, corporations, companies, educational institutions, law enforcement agencies, present and past employers, former employers and military services to disclose and release records they may have about me to Aaron Manor, whether the information is public, private or confidential in nature: And I release them from any liability from doing so.

It is understood that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or part, upon this release authorization may be considered in determining my suitability for employment by Aaron Manor.

This authorization in original or copy form, will be valid for this and any future information, reports or updates that may be deemed necessary by Aaron Manor.

Applicants Printed Name _____

Applicants Signature _____

Date _____

**NYS Department of Health
ACKNOWLEDGEMENT AND CONSENT FORM FOR FINGERPRINTING AND DISCLOSURE OF CRIMINAL
HISTORY RECORD INFORMATION**

THIS FORM IS TO BE RETAINED BY THE AGENCY- DO NOT FORWARD TO THE DOH CHRC UNIT.

chrc@health.state.ny.us

The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

SECTION 1 – SUBJECT INDIVIDUAL INFORMATION

LAST Name	FIRST Name	M.I.	
Date of Birth (mm/dd/yyyy)	Mother's Maiden Name	Alias: AKA	
Mailing Address (street)	City	State	Zip

SECTION 2 - ATTESTATION

- I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).
- I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.
- I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary to be provided to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, as maintained by DCJS or the FBI, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. I have been advised that by law, DOH is authorized and may be required to provide the results of the criminal history record check through a criminal history record summary to the agency. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law.
- I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.
- I have been informed of the procedures and my rights to obtain, review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI.
- I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.
- I certify to the best of my knowledge and belief that I (check as appropriate):
 - Have** **Have not been convicted of a crime in New York State or any other jurisdiction**
 - Do** **Do not have a final finding of patient or resident abuse**
 If you have checked either "Have" and/or "Do", please provide a brief explanation. (Optional)

- My current mailing or home address is indicated in Section 1 of this form.
- I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DCJS and the FBI. I hereby consent to the redisclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own (not applicable for Expedited Review submitted pursuant to CHRC Form 104).

Applicant Signature: _____ Date: _____

Signature of Parent or Legal Guardian _____ Date: _____
(if subject individual is under 18 years of age)

SECTION 3 – AGENCY AUTHORIZED PERSON INFORMATION

Agency Name:	PFI/Operating License Number:
Print Name of Authorized Person:	Title:
Signature of Authorized Person:	Date:

CHRC Submission Form

Employee Information Form

ALL QUESTIONS MUST BE ANSWER - DO NOT LEAVE BLANKS - PRINT LEGIBLY

First Name : _____

Middle Initial : _____

Last Name (*Last name given at birth*): _____

Date of Birth MO. _____ DAY _____ YEAR _____

Last 4 of SSN :

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Maiden Name-*Last name given at birth* : _____

Alias (Other names you go by) : _____

House Number :

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Street Name : _____

P.O.Box :

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Apartment No :

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City : _____

State : _____

Zip Code :

--	--	--	--	--

Home Phone :

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Cell Phone :

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The COUNTRY you born in (Ex: U.S.A.) _____

Gender at Birth : FEMALE MALE

Race : _____

Height : Feet _____ Inches _____

Weight (Lbs) : LBS. _____

Natural Eye Color : _____

Natural Hair Color : _____

All Information provided is true: _____

Applicant Signature

Date

ALL QUESTIONS MUST BE ANSWERED AND DOCUMENT SIGNED

**Monroe County Criminal Background Check
Self Disclosure Form**
For Internal Use Only

1. Within the last seven (7) years, have you ever been convicted, either by guilty plea or after trial, of a *crime* (misdemeanor or felony)? Circle one: YES NO
2. If you answered "Yes" to Question #1, list all such convictions here:

<u>Name of charge for conviction</u>	<u>Court</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Within the last seven (7) years, have you ever been convicted, either by guilty plea or after trial of a *violation* of law which has *not been sealed* pursuant to the provisions of New York's Criminal Procedure Law? Circle one: YES NO
4. If you answered "Yes" to Question #2, list all such conviction here:

<u>Name of charge for unsealed conviction</u>	<u>Court</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you have any arrests with respect to which the charges against you are still pending? Circle one: YES NO
6. If you answered "Yes" to Question #5, list all such pending cases here:

<u>Name of pending charge</u>	<u>Court</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

→ Printed Name _____ Title _____
→ Signature _____ Date _____

Providing False information is cause for disciplinary action including and up to immediate termination.