

**DRAKE STATE**  
COMMUNITY & TECHNICAL COLLEGE

**CNA APPLICATION**

(Please Print or Type)

_____			_____			_____		
First Name			Middle			Last Name		
_____			_____			_____		
SSN			DOB			_____		
_____			_____			_____		
Mailing Address			City			State		Zip Code
_____			_____			_____		_____
Email Address				Phone number				
_____				_____				
Workforce Development	Class	_____	Date	_____	Cost	_____		
	Class	_____	Date	_____	Cost	_____		

Are you paying for this class on your own? \_\_\_ YES \_\_\_ NO  
If NO:  
Please complete the information below:

_____		_____	
Name of Employer/ /Institution/Sponsor		Company Contact	
_____		_____	
Address		Phone number	

**ALL APPLICANTS**

- CITIZENSHIP**
- U.S. Citizen
  - Permanent Resident (non-citizen)
  - Foreign Visa \_\_\_\_\_
- Indicate country of citizenship if other than U.S. \_\_\_\_\_

- ETHNIC ORGIN (optional)**
- Hispanic
  - Permanent Resident (non-citizen)
  - Unknown

- RACE optional (Check all that apply)**
- Caucasian/White
  - Black/African American
  - Asian

- ETHNIC ORGIN (optional)**
- American Indian or Alaskan Native
  - Native Hawaiian or Other Pacific Islander
  - Non-Resident Alien

- Gender**
- Male
  - Female

I, the undersigned applicant for admission, understand that withholding information requested in this application, or giving false information will make me ineligible for admission to, or continuation of enrollment in J. F. Drake State Technical College. I, therefore, certify that all statements contained herein are correct and complete. I further agree that J. F. Drake State Technical College is not responsible or liable for any information determined to be false or incomplete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Complete full name typed will suffice for signature.**