

**RALPH R. WILLIS CAREER AND TECHNICAL CENTER  
SCHOOL OF PRACTICAL NURSING**

PO BOX 1747  
LOGAN, WV 25601  
304-752-4687 ext. 2224

PLEASE PRINT

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME OF NEAREST RELATIVE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF HIGH SCHOOL ATTENDED \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_ OR GED OBTAINED \_\_\_\_\_

Please list all colleges, vocational or career schools attended with dates and addresses. Identify all health care programs and certificates and degrees earned.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER WORKED FOR A HEALTH CARE ORGANIZATION? \_\_\_\_\_

If yes, please list all \_\_\_\_\_

\_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ Are you a veteran? \_\_\_\_\_

Have you ever been charged with or convicted of a misdemeanor? \_\_\_\_\_

March 2019

Have you ever been charged with or convicted of a felony? \_\_\_\_\_

Please list the names of three persons, not related to you, that you will use as character references. Include past employers. If you have been employed in health care, you must have one reference from each health care employer, regardless of length of employment.

NAME \_\_\_\_\_  
PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

IN WHAT WAY DO YOU KNOW THIS PERSON? \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

IN WHAT WAY DO YOU KNOW THIS PERSON? \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

IN WHAT WAY DO YOU KNOW THIS PERSON? \_\_\_\_\_

Please list all current and past employers, starting with the most recent, giving dates of employment. If necessary, attach an additional sheet of paper.

EMPLOYER	ADDRESS	PHONE	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ANY APPLICANT WHO KNOWINGLY GIVES ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION WILL BE SUBJECT TO REMOVAL FROM THE ADMISSIONS PROCESS OR DISMISSAL FROM THE PROGRAM, WHICHEVER APPLIES.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_