

Think Good. Think Goodwill.™



Goodwill Healthcare Training Program Application

PLEASE FILL OUT COMPLETELY

Which program are you applying for (Please check one box ONLY):			
<input type="checkbox"/> Certified Nurse Assistant/Certified Home Health Aide		<input type="checkbox"/> Medical Records Clerk (Terminology, Insurance, and Billing)	
Application Date	Last Name	First Name	Middle Initial
Street Address (Residence)	City, State (Residence)	ZIP (Residence)	Phone (Residence)
Email:		How were you referred?	
Gender 1. Female 2. Male	Date of Birth Age	Your honest answer to this question will assist Goodwill in determining what additional supports or services, if any you may need to be successful in this program. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? CIRCLE: YES OR NO	
Educational Status (Attended)		Do you have prior healthcare experience?	Citizenship (please circle one) Documentation will be required
1. Elementary School	4. G.E.D	7. 2 yr College grad.	1. U.S. Citizen
2. Secondary School	5. High School Graduate	8. 4 yr College grad	2. Eligible Non-Citizen
3. Some High School	6. Some College.	9. Voc/Tech School	3. Ineligible Non-Citizen
Yes or No			
Are you currently enrolled in any type of school? If so where?			
Are you currently working? If so where?			
Please list any skills <i>relevant</i> to the healthcare industry; include any certifications, job titles, and length of time.			



The Josephine S. Gumbiner Foundation



Please return application to 800 W. Pacific Coast Hwy. Long Beach, CA 90806
 Or fax to (562) 624-9502
 Questions call (562) 435-3411