Baxter Professional Services
Health Education

Baxter Professional Services LLC.
Ephesians 6:16 and Colossians 3:17

1416 Lincoln St., Suite 1
Anderson IN 46016

Training Enrollment Application ☐ **Home Health Aide** ☐ **Nursing Assistant**
☐ **Qualified Medication Aide**

Applicant Information

Full Name: _____ Date: _____
Last　　　　　　　　　　*First*　　　　　　　　　　*M.I.*

Address: _____
Street Address　　　　　　　　　　　　　　　　　*Apartment/Unit #*

_____
City　　　　　　　　　　　　　　　　*State*　　　*ZIP Code*

Phone: _____　　Email _____

Date Available: _____　Social Security No.: _____　_____

Are you a citizen of the United States?　YES ☐　NO ☐　　If no, are you authorized to work in the U.S.?　YES ☐　NO ☐

Have you ever been removed from the HHA/CAN/QMA registry in this state or any state for reasons other than non-renewal?　YES ☐　NO ☐　If yes, explain? _____

Have you ever been convicted of a felony?　YES ☐　NO ☐

If yes, explain: _____

Education

High School: _____　Address: _____

From: _____　To: _____　Did you graduate?　YES ☐　NO ☐　Diploma: _____

College: _____　Address: _____

From: _____　To: _____　Did you graduate?　YES ☐　NO ☐　Degree: _____

Other: _____　Address: _____

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From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

References

Please list three professional references.

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Previous Employment

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____   _____   _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?
     YES ☐   NO ☐

Military Service

Branch: _____ From: _____ To: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____