



Wilson Senior Care

116 Cashua Street, P.O. Box 510, Darlington, SC 29540
Telephone: 843-393-9925
Facsimile: 843-393-6778

APPLICATION FOR NURSING ASSISTANT TRAINING COURSE

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Alternate #: _____

Have you ever applied with us before: Yes No

Have you ever been employed with us before:

Med Center Pharmacy Yes No

Medford Place Yes No

Oakhaven Nursing Center Yes No

Morrell Nursing Center Yes No

Wilson Group Yes No

Are you related to anyone that works with us (in any facility)?

Yes No Who: _____

Education:

Elementary School: _____

High School: _____

GED: _____

College: _____

References:

1. Name _____ Telephone # _____

Address: _____

2. Name _____ Telephone # _____

Address: _____

How did you find out about our program: _____

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that I am required to abide by all rules and regulations of the Wilson Group while attending this course.

Signature: _____ Date: _____