



Covenant C.N.A. School
1 Baltimore PL NW Suite 401, Atlanta GA 30308
Phone: 404-733-5491 Fax: 404-733-5492
Email: admin@covenantcna.com
www.covenantcna.com

Training Highly Qualified Certified Nursing Assistants

INTERVIEW ASSESSMENT QUESTIONNAIRE

PLEASE INDICATE THE PROGRAM YOU WISH TO TAKE

Certified Nursing Assistant (CNA)

Certified Patient Care Technician (CPCT)

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		PHONE NO. ()	CELL NO. ()
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth:	Country of Citizenship:	Have you ever been convicted of a felony?

Rate Yourself	Excellent	Good	Fair	Poor	EDUCATION		
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you attend High School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What year did you Graduate	Month	Year
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have college experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any vocational training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYMENT		
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If so, will your employment affect your class schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you do not have a job, will you need one at any time during training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will your employment affect your class schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMITMENT		
Working Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Once classes begin, are you will and able to make a serious commitment to finishing your training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Are you afraid of Blood? (PCT Program)	Yes ___	No___					
Are you afraid of needles? (PCT Program)	Yes ___	No___					

Do you have any physical or educational challenges? (For example, back problems, color blindness or dyslexia): _____

Are you able to lift between 50-70 lbs? ___ Yes ___ No

Are you on any medication ___ Yes ___ No (If yes please list) _____

Criminal Convictions: Important Notice to Student Applicants: Students must be aware that certain employment opportunities in the health care industry are not open to individuals with certain type of convictions: A criminal background check will be performed, which may contain public records information.

Applicant's Signature: _____ Date Signed: _____