



**SUPER HEROES
FOR SENIORS**
Certified Caregiver Training
Assisted Living Collective

Class Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Class Start Date: _____ Social Security No.: _____

Do you prefer to take 26 hours of online study at home and 88 hrs of onsite classroom study? YES NO

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

Do you have a Finger Print Clearance Card? YES NO If yes, give # _____

Have you ever been convicted of a felony? YES NO If yes, explain

Do you have a food handlers card? YES NO

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

***you do not have to have graduated from high school or college to attend this course.**

Are you being Sponsored by an ALF Community ?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Military Service Information

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Disclaimer and Signature

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

I understand that attending this class does not guarantee me a job, but that opportunities and written references may be obtained by me attending the school.

Signature: _____

Date: _____

FAX APPLICATION TO: 1888-862-1966
EMAIL APPLICATION: info@superheroesforseniors.com

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