FORKS COMMUNITY HOSPITAL 530 Bogachiel Way ● Forks Washington ● 98331 Phone (360) 374-6998 fax (360) 374-3162

Thank you for your interest in Forks Community Hospital NAC program. Please fill out the following application and return it as soon possible. If you have any questions please contact Program Director Lucritia Stansbury, at (360)374-6998 ext 821

You may submit your application:

In person at Forks Community Hospital admitting desk.

By mail to: Forks Community Hospital NAC Program Director: Lucritia Stansbury 530 Bogachiel Way Forks WA 98331

Or E-mail: lucritias@forkshospital.org

FORKS COMMUNITY HOSPITAL 530 Bogachiel Way ● Forks Washington ● 98331 (360) 374-6998 phone (360) 374-3162 fax

APPLICATION FOR NAC CLASS

Name			
First	Last	Middle	
Mailing AddressStreet	City	State	Zip
Phone Number(s) () Preferred Contact	t First	()	
Email Address		Are you	u over 18? □Yes □No
Have you ever been employed at Fo	•	•	es please list dates and
	Atten	dance	
Do you now have or do you anticipation you from meeting your class attendate		•	onsibilities that may prevent
	Licer	nsure	
Do you currently or have you ever h □Yes □No If yes please list Nam ·			•
I certify the information set forth in the best of my knowledge. I underst shall be considered sufficient cause	tand that, if accepted	d to class, falsified statem	
I further understand that my accepta	ance to the class is o	contingent upon satisfacto	ory reference and background
Thank you for your interest in Forks	Community Hospita	al NAC class.	

Date

*For Work/Volunteer an	d Education portion	you may attach a	resume instead if y	ou prefer

Education

Name of High School					GED or Diploma			
							□Yes	□No
List any College or Schools after High School								
Name/Location	Academic Major,		Dates Attended		Did you Graduate?		Degree	/Certificate
	Skill or Trade			G	<u> -raduate</u>	e?		
Work/ Volunteer Experience								
List most recent employ	er first.							
1.Name of employer, address Dates E (mo/yr)		Employed	Supervisor:					
			To:	Phone	Numbe	mber:		
Your last job title and description:			May we contact? □Yes □No Reason for leaving:					
,	•					J		
2.Name of employer, address Dates Employed (mo/yr) From: To:			Employed	Supervisor:				
			_	Phone Number:				
			lo:	May we contact? □Yes □No				
Your last job title and description:			Reason for leaving:					
		Refe	erence	_1				l
Please list name of one reference we may contact:								
1.Name of reference, address, relationship to you		Phone number(s)						