

To Whom It May Concern,

We are excited that you are interested in the opportunity to obtain your Certified Nursing Assistant certificate with Sarah Bush Lincoln and Lake Land College. SBL is excited to help you move your career into a new direction. Class size is limited; you must meet the following criteria to be considered for the program:

- Employee must have been employed with SBL for 90 days.
- Employee must commit to a year of employment with SBL after the completion of the CNA program.
- Employee cannot have a critical corrective action within the last 12 months.
- Employee must complete an interview with Amy Zerrusen, HR Business Partner.

It is important to submit the following information by July 1st, 2022 to Tracey McCord in Employee and Organizational Development. Applications will be reviewed by a committee to choose who will be selected by July 5th, 2022 to attend the first session of this program that starts August 22nd, 2022.

Please complete and submit the following:

- CNA Employee application form (enclosed)
- Agreement of Expectation (enclosed)
- LLC Intent to enroll (enclosed)
- Letter of recommendation from your current leader

Please submit all information to Tracey McCord in EOD. If you have any questions please contact Tracey at 238-4987 or via email at TMcCord@sblhs.org.

Sincerely,

Lorenzo Smith

Director of Employee & Organizational Development



## **Agreement of Expectation**

SBL is excited to help you move your career into a new direction. Please review the following expectations for those participating in this year's BNA program:

- Class participation and attendance are both required.
- If you withdraw from the course, you are required to reimburse SBL the cost of tuition.
- If you fail the course, you are required to reimburse SBL the cost of tuition.
- If you do not accept a CNA position at SBL within 90 days of passing your exam, you are required to reimburse SBL the cost of tuition.
- If you leave SBL before your one year commitment post program, you are required to reimburse SBL for the cost of tuition. This includes termination.

In the event that one of these should occur, and the repayment is not made either on or before my termination date, I authorize SBLHS to deduct the reimbursement amount due from my final paycheck.

I understand that this agreement does not represent an employment guarantee and further agree that all other terms and conditions of my employment shall be consistent with the established policies and practices of Sarah Bush Lincoln Health Center.

Employee Signature: _	 	
Date:		



## **BNA Employee Application Form**

Student Name (Legal Name):
SBL Employee #:
Position Title:
Primary Department:
How long have you been an employee with SBL?
Have you had a Critical Corrective Coaching in the last 12 months?
Will you commit to pursuing work as a CNA at SBL upon passing the CNA program?
Employee Signature and Date

## **Lake Land College**

## **Intent to Enroll**

Name:	Are you in the United States on a Visa-Nonreside	ent Alien?	
Last First Middle	— Yes in the United States on a Visa Provide Home Country of Origin ————		
Other/Previous name(s)  Address:	— Not in the United States on a Visa		
Audi ess:	Are you Hispanic or Latino (or are you of Spanis	sh Origin?)	
Street Address or PO Box	Yes Hispanic or Latino Not Hispanic o	or Latino	
City State Zip Code County	Are you from <u>one or more</u> of the following racial (Select All That Apply)	groups?	
Telephone Home	— American Indian or Alaska Native		
	Asian     Black or African American		
Telephone Cell	— Native Hawaiian or Other Pacific Islander		
EMail	<ul><li>— White</li><li> Choose Not to Respond</li></ul>		
Social Security Number: Your SSN is protected under FERPA, Federal guidelines & will not be released	Please identify your primary racial/ethnic group. (Select One).		
,,	— American Indian or Alaska Native — Native Ha		
Birthdate/ Gender:Female Male	— Asian Other Pac — Black or African American — White	cific Islander	
Bit tituate/ GenuelPeniale iviale	Hispanic or Latino Choose N	ot to Respond	
Last high school attended/attending:	Select highest degree earned:	-	
School City State	— Less than High School — Masters — GED — Doctorate		
	— High School Diploma — 1st Profession	onal	
Year graduated or expected to graduate:	— Associate — Other	~~	
Year received GED	<ul><li>Baccalaureate</li><li>Certificate</li><li>Unknown</li></ul>	gc	
List ALL colleges/universities attended or now attending:			
	<b>Applicant Certification</b> : I understand that withh		
Name City State	information requested on this application, or giving false information may make me ineligible for admission to the College or subject to dismissal. With this in mind, I certify that the above statements are		
Name City State	correct and complete:		
Name City State	Signature: D	ate	
·			
Lake Land College does not discriminate on the basis of race,color,sex,age,religion,national origin,ancestry,disability,i or access to or in treatment of employment in college programs and/or activities. Human Resources, Lake Land Colle implementing regulations of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and	ge(217)234-5210, has been designated to coordinate compliance with non-discrimination require	ments contained in the	
Coordinator of the Rehabilitation Act of 1973	- 192	3.0 5500011 504	
Program of Study: <u>NPD-NA</u> Applying for Term Begin Degree Objective: (1) Only complete one or several courses-not pursuing a certi Transfer Plans: Not planning to transfer to a four-year college or university		er <u>X</u> Fall	
Student Intent: (2) To improve skills for present job.	ama and Title		
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