

***Please complete and return this form with supporting documents
prior to your interview date.***

**ROCKLAND BOCES
PRACTICAL NURSING INTERVIEWEE QUESTIONNAIRE**

Name: _____ Date: _____
Print name

Attach two (2) letters of recommendation with this form. Send as PDF or postal mail. NO PHOTO SHOTS

Carefully read and complete the following questions for the interview:

1. Have you ever been convicted of a misdemeanor or felony? ()Yes ()No
2. If yes, when was the court conviction? _____(provide date in month/day/year).
3. What type of conviction was it? _____
4. Do you understand that a conviction may disqualify you from obtaining a Practical Nurse License?
()Yes ()No
5. Background checks are required for this program. Would you have a problem with this requirement?
()Yes ()No
6. If yes, please explain why: _____

7. Why are you pursuing a career in practical nursing?

8. What are your expectations of the practical nursing program?

9. What are your personality strengths and weaknesses?

Strengths:_____

Weaknesses:_____

10. How will your strongest attributes help you become successful in this rigorous program?

11. Clinical and classroom components require traveling to various sites throughout Rockland County. Would you have difficulty with distance driving or arriving on time to assigned sites? ()Yes ()No

12. Do you have reliable transportation? ()Yes ()No

13. If your transportation fails, what is your backup plan?

14. How will you handle this program which consists of completing 1080 hours of lecture and clinical rotations, meeting attendance requirement, and maintaining a grade point average of 75% with your current schedule?

15. This program is rigorous and may become challenging through the course of the program, how do you manage stress?

I fully understand and hereby agree to consent to the following:

- Background screening is required.
- Rockland BOCES building and campus are **smoke and drug-free**.
- Ignoring New York State regulations may result in suspension from the Practical Nursing Program.
- Cell phone use is not permitted in the building, on campus, and in clinical sites.
- Rockland BOCES reserves the right to request the withdrawal of, or the dismissal of, any student who is not in compliance with the school's policies and procedures.

Applicant's Signature

Last 4 digits of S.S.N.

ROCKLAND BOCES PRACTICAL NURSING APPLICATION FOR 2023

Class code	Last Name	Middle Initial	First Name
Home Address		Apt#	City
		State	Zip code
		Maiden Name	
Home Phone	Cell Phone	School District	County
			Sex M F
			Birthdate
E-mail		SSN	1 st time applying () Yes () No Re-Entry () Yes () No
Ethnic Group (Please choose one): () African-American () Asian () Bi-racial () Hawaiian/Pacific Islander () Hispanic () Native American () White () Other			
Country of Birth		Primary Language	What is your gender? () Woman () Man () Non-binary/binary diverse () Prefer not to say () My gender identity is: _____
Diploma Status: () U.S. H.S. Diploma () G.E.D. () Foreign H.S. Diploma		Prior College Education? () Yes () No () In U.S. () Outside U.S. College Degree is: () Associate () Bachelor () Master	Marital Status: () Single () Married () Divorced () Separated () Widowed () Other
Employment Status: () Employed Full-Time () Employed Part-Time () Unemployed		Please check all that apply: () Retired () Worker's Compensation () Unemployment Insurance	Public Assistance (Check All That Apply): () TANF () SNAP () Medicaid () WIC () HUD () SSI
Funding Sources: (Check all that apply) () 1199 () CSEA () ACCESS () Tomorrow's Workplace () Self-Pay () VA Benefits () Other		Classification: (Check all that apply) () Academically Disadvantaged () Disability Type: _____ () Dislocated Worker () Economically Disadvantaged () Formerly IEP Classified () Immigrant () Limited English Proficiency () U.S. Citizen () Veteran () Incarcerated When _____	Barriers/Needs: (Check all that apply) () Childcare () Education Assistance () Financial Aid () Job Placement () Transportation
Current/Previous Employer:		Previous Employer :	
Company Name: _____		Company Name: _____	
Address: _____		Address: _____	
Job Title _____		Job Title _____	
Start Date _____ End Date _____		Start Date _____ End Date _____	
Reason for Leaving: _____		Reason for Leaving: _____	
() Full-Time () Part-Time		() Full-Time () Part-Time	
Emergency Contact Information:			
Name: _____ Phone : _____ Relationship: _____			
Obtained C N A certificate? () Yes () No If yes, when _____	Have you been in the Rockland BOCES Practical Nursing before? () Yes* () No If yes, when (year) _____, *Must follow re-admission school policy	Have you taken a student loan in the last 6 months? () Yes () No If yes, when _____, Name of the school _____, must bring an official school transcript for FSA.	
Healthcare skills/prior training () Yes () No	Do you understand that a conviction may disqualify you from obtaining a Practical Nurse License? () Yes () No	Number of dependents: _____ Ages: _____	
Have you ever been convicted? () Yes () No If yes, was it () misdemeanor () felony?			
By my signature below, I testify that the information on this form is true and accurate to the best of my knowledge. I authorize release of educational information to organizations and employers pertinent to the pursuit of employment and give permission to request pertinent information from past, present, and future employers for confirming employment. I agree to background screening. I also confirm receipt of the Rockland BOCES' Gainful Employment Statistics of the previous year and enrollment agreement for this year.			
Applicant's Signature _____		Date _____	