WVU Medicine
POTOMAC VALLEY HOSPITAL

Workforce Development Center of PVH

PROGRAM ADMISSION APPLICATION

Admission to a workforce development program is contingent upon both space availability and the qualifications of the applicants. Students applying for readmission are considered with the current applicant pool. Applications will only be considered when they are completed in full and during the application period.

A completed application should include the following:
The completed application form__
All high school and college transcripts or GED/TASC scores__
Three letters of reference___

Application information

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

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

Program Name: _____

Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain? _____

Education

Please provide documentation of your high school diploma, GED, or TASC (Exemption form required for GED/TASC scores)
Please provide a copy of any TEAS/SAT/ACT scores if applicable.
High School Diploma, GED, TASC- Date completed_____
Cumulative High School GPA (minimum requirement of 2.5) _____

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Optional Education

Please list any relevant general education courses and provide documentation of completion.

_____
_____
_____
_____
_____
_____

Work History

Company Name	From Date	To Date	Address
1.			
2.			
3.			

Accommodations Request

The Workforce Development Center provides reasonable accommodations in accordance with the ADA guidelines

__ Yes, I am requesting accommodations
__ No, I am NOT requesting accommodations

References

Please list three references and please provide of copy of a reference letter from these three references with your application.

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

Military Service

Branch:		From:		To:	
Rank at discharge:		Type of discharge:			
If other than honorable, explain:					

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I acknowledge and consent to a background check that includes a review of the West Virginia Nurse Aide Abuse and Neglect Registry. I Understand that any findings of disqualifying offenses in these checks will render me ineligible for the Nurse Aide program.

Signature:		Date:	

Once applications have been reviewed, if you are selected as a student for a Workforce Development program, you will be notified and receive an admission packet that will provide information regarding next steps. This will include a background check and physical/immunization requirements.