RIO HONDO COLLEGE
HOME HEALTH AIDE PROGRAM
APPLICATION

Year to Enter HHA Program _____

1. Name:_____ M _____ F _____

2. Permanent Address: _____
(Number & Street) (Apt #)

_____ ( ) _____
(City) (State) (Zip) (Telephone)

_____
(working email)

3. RHC I.D. # _____ SS.# _____

4. _____
(Name & Telephone Number of Person to Notify in Case of Emergency)

5. High School Attended: _____

6. International Student: _____ Yes _____ No

7. Place and year where CNA was obtained: _____

Please check one of the following:
High School Diploma ( ) Transcript ( ) GED ( ) International Evaluation ( )

8. Schools attended since graduation from high school:

Name: _____ Location: _____ Units_____ GPA ____

_____ _____ _____ _____

_____ _____ _____ _____

9. I hereby acknowledge that all of the above information is true and correct.

_____ _____
(Signature) (Date)

Applications due April and November

(10/08)