



RappU Healthcare Classes
RappU, Inc.
P.O. Box 181
Washington, VA 22747

Classroom location:
11669 Lee Highway
Sperryville, VA 22740

Application for Admission

Please select: CNA HHA EMT Basic Medication Tech Phlebotomy (CPT)

Application must be signed.

Thank you for your interest in the RappU healthcare training program. Before completing this application, please review thoroughly the program and course descriptions and the pre-admission requirements. All of this is on our website at www.rappu.org at the healthcare courses link.

Please read carefully. After you have completed your application, email us at gotorappu@gmail.com to set up an in-person interview. You will need to bring your application, a valid photo ID and \$25 application fee to the interview session. Please do NOT drop off your application and payment at the RappU classroom location as it is not staffed throughout the day.

I understand that RappU reserves the right to select only those applicants who we consider to be qualified into the program.

I understand that submitting my application does not guarantee admission into the program and that it is my responsibility to ensure that RappU receives all required documentation.

I understand that all applicants are required to undergo a urine drug screening, a Virginia and a nationwide criminal background check.

I understand that I will be required to provide proof of certain immunizations and other indications of my health and physical condition.

I certify that to the best of my knowledge and belief, all statements and information that I have provided on this form are correct, complete, current and made in good faith.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

APPLICANT INFORMATION

Legal Name _____ Male _____ Female _____
Last First Middle Maiden

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Email Address _____

Home Address _____
Number and Street or PO Box

City State Zip Code

Mailing or Physical Address if Different _____

Telephone (Home) _____ (Cell) _____

Emergency Contact _____ Relationship _____

Telephone Number _____

Citizenship: U.S. Citizen Naturalized U.S. Citizen

Are you a resident of Rappahannock County? Yes No

Language: Is English your first language? Yes No

Any learning or physical disabilities? _____

Criminal History:

1. Have you ever been convicted of a criminal offense or is final action pending on any criminal charge, excluding minor traffic offenses? Yes No If Yes, please explain in an attached letter.

2. Are you currently on probation? Yes No If Yes, please explain in an attached letter.

A criminal history background check will be performed on all admitted students. Failure to disclose the existence of the above will result in the rejection of application and immediate dismissal from the RappU program.

Regulatory Boards may refuse to admit a candidate to any examination, or may refuse to issue a license or certificate to any applicant based on a number of both criminal and/or unprofessional conduct reasons. Applicants are encouraged to contact the regulatory board/credentialing organization regarding the effect of their conviction on licensure/registry eligibility.

Health Care Providers Only:

1. Have you ever been disciplined in any manner by a state regulatory agency for any reason? Yes No
If Yes, please explain in an attached letter.

2. Program Eligibility: Are you presently or have you previously been, as a provider, excluded, debarred, suspended, sanctioned or otherwise found ineligible to participate in the Medicare or Medicaid programs or Federal procurement and non-procurement program? Yes No If Yes, please explain in an attached letter.

ACADEMIC INFORMATION

Education: List all of the schools you have attended. Attach continuation sheets if necessary.

School Name & City/State Dates Attended Did You Graduate? Degree/License/Diploma/Certificate

High School or GED

_____ To Y N

Military or Other

_____ To Y N

College(s)

_____ To Y N

_____ To Y N

_____ To Y N

_____ To Y N

Other (Specify)

_____ To Y N

_____ To Y N

EMPLOYMENT INFORMATION

Yes **No** Have you ever been terminated from employment? If Yes, please explain in an attached letter.

Yes **No** May we contact your past and present employers? If No, please explain in an attached letter.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize OneSource, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county, or international jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release OneSource, Inc.; and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. You may contact me as indicated below; I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name: _____
 First Middle (full name) Last Maiden

Signature: _____ Date: _____