



# NOTIFICATION OF APPRENTICESHIP OPPORTUNITIES **CERTIFIED NURSE ASSISTANT APPRENTICE**

**Program Sponsor:**

Columbine Health Systems  
802 West Drake Road, Suite 105  
Fort Collins, CO 80526

**Date of Notice:** February 4, 2020

**Contact:** Joyce C Saffel

**Telephone:** 970.492.6231

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THIS ANNOUNCEMENT IS FOR THE PURPOSE OF ESTABLISHING A LIST OF QUALIFIED **CERTIFIED NURSE ASSISTANT** APPRENTICESHIP APPLICANTS FOR FUTURE OPENINGS.

THE RECRUITMENT, SELECTION, EMPLOYMENT, AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, OR SEX. COLUMBINE HEALTH SYSTEMS WILL TAKE AFFIRMATIVE ACTION TO PROVIDE EQUAL OPPORTUNITY IN APPRENTICESHIP AND OPERATES THIS APPRENTICESHIP PROGRAM AS REQUIRED UNDER TITLE 29 OF THE CODE OF FEDERAL REGULATIONS, PART 30.

## **QUALIFICATIONS AND REQUIREMENTS FOR ADMISSION**

- 1. Age:** Shall be at least 16 years old.
- 2. Education:** Current High School student within the Poudre or Thompson School Districts
- 3. Physical:** Must be able to perform the essential job functions of an apprentice. Influenza and TB vaccinations and Job Function Test must be completed and passed.

**All applicants meeting the above qualifications and completing the application will be granted an interview. Apprentices will be selected in the order of their ranking following the interview.**

**ANNUAL OPPORTUNITIES AVAILABLE:** 6

**APPLICATION PERIOD:** February 4 through March 13, 2020

**WHERE & HOW TO APPLY:** Applications available for pick up and drop off at:

Columbine Health Systems  
Human Resources Department  
802 West Drake Road, Suite 105  
Fort Collins, CO 80525  
970.492.6230  
Monday through Friday 9am to 4 pm.

**Applications are available at the address for pick up and drop off or can be sent electronically if applicant provides a valid email address.**

Applicant email address: \_\_\_\_\_

*Application will be sent within 48 hours upon email receipt.*



CERTIFIED NURSE ASSISTANT  
**APPRENTICE EMPLOYMENT &  
APPRENTICESHIP TRAINING APPLICATION**

\_\_\_\_\_  
(Applicant Last Name)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle Initial)

\_\_\_\_\_  
(Applicant Street Address)

\_\_\_\_\_  
(Apt. or Box #)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Applicant Email Address: \_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_ Is this a Cell Phone  Yes  No

Columbine Health Systems would like permission to text your cell number for business communication:  Yes  No

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Are you 18 years or older?  Yes  No Age if under 18 years of age: \_\_\_\_\_

Under 18 years of age:

Parent or Guardian Name for Contact: \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

Parent or Guardian Contact Phone Number: \_\_\_\_\_

Parent or Guardian Email Address: \_\_\_\_\_

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**Name Current School:** \_\_\_\_\_

Grade Level for Fall 2020 : \_\_\_\_\_

High School Counselor Name: \_\_\_\_\_

**Describe why you are interested in the apprenticeship program.**

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**Describe school, volunteer or work experience which may be useful for consideration of apprenticeship.**

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**List any outside activities/programs that you will be participating in outside of scheduled class time, i.e. sports, music, clubs that may affect program scheduling/training.**

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# APPRENTICESHIP & EMPLOYMENT CONDITIONS

## Initial each paragraph as you read it

1. \_\_\_\_ I am aware that this occupation involves physical requirements that have been provided to me by the certified nurse aide job description which includes flu vaccination and TB test requirements.
2. \_\_\_\_ I am aware that when an offer of employment has been made, I will be required to complete and pass the required levels of the Job Function Test for Certified Nurse Assistant.
3. \_\_\_\_ I am aware that in this healthcare trade, I must have reliable means of transportation to travel to all scheduled training and work shifts.
4. \_\_\_\_ I am aware that this apprentice program has attendance of at least 144 hours per year of related training in addition to my normal working hours. I will be required to attend these related training classes without monetary compensation, even if those classes are held during a normal working day.
5. \_\_\_\_ I am aware that apprentices start at minimum wage and will have the potential for an increase after the 1st 1,000 hours of apprenticeship completion. An additional increase may occur upon completion of the Certified Nurse Assistant program and passing the state exam.

These increases are not automatic but depend on the progress made by the apprentice in on-the-job training and related training.

**ARE YOU A UNITED STATES CITIZEN OR LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?**  Yes  No

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND AUTHORIZE MY SCHOOLS I HAVE ATTENDED TO RELEASE ANY AND ALL INFORMATION CONCERNING ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME.

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(SIGNATURE)

(DATE)

I HAVE READ AND UNDERSTAND THESE APPRENTICESHIP AND EMPLOYMENT CONDITIONS AND I DECLARE THAT ANY STATEMENT IN THIS APPLICATION AND OTHER INFORMATION PROVIDED ARE TRUE AND COMPLETE. I ALSO AUTHORIZE THE VERIFICATION OF INFORMATION PROVIDED EXCEPT WHERE SPECIFICALLY NOTED OTHERWISE.

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(SIGNATURE)

(DATE)

**Information for Affirmative Action purposes only:** *(check if appropriate and information is voluntary)*

Sex:  Female  Male

Racial/Ethnic Group:  American Indian  Asian  Black  Caucasian  Hispanic  other