



Heroes for Healthcare Application

☐ General Aid ☐ Wis-MAC

Name: _____ Date: _____
(First) (Middle) (Last)

Date of Birth: _____ ☐ Male ☐ Female Branch: _____ Rank: _____

Current/Past MOS(s): _____

Years in service: Active _____ Reserve _____ National Guard _____

☐ Currently Enlisted ☐ No longer enlisted (include last day of service): _____

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaska Native
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Prefer Not to Answer

Ethnicity: ☐ Hispanic or Latino or Spanish Origin ☐ Not Hispanic or Latino or Spanish Origin

Current Address, City, State, zip: _____

Primary Phone Number: _____ Email: _____

Contact Preference? ☐ Phone ☐ Email ☐ Both

What year did you graduate high school or obtain your GED? _____

What type of healthcare career would you want to pursue?

☐ (RN) Registered Nurse ☐ Occupational Therapist ☐ Physician ☐ Dentist/Orthodontist ☐ OR Tech
☐ (PT) Physical Therapist ☐ Nurse Practitioner ☐ Radiologist ☐ Medical Assistant ☐ Other _____

How did you hear about Heroes for Healthcare? _____

Are you a Medic, Corpsemen or Medical Technician that has performed patient care in a clinic or field setting within the past 12 months? ☐ Yes ☐ No

If yes, please explain: _____

Have you used any special medical machines or equipment? ☐ Yes ☐ No

If yes, please explain: _____

Please list jobs you have held prior to the military (Job Title, Company, months/years worked in position, date of last employed day of position)

1. _____
2. _____
3. _____

Do you have any physical limitations that would prevent you from being a caregiver? ☐ Yes ☐ No

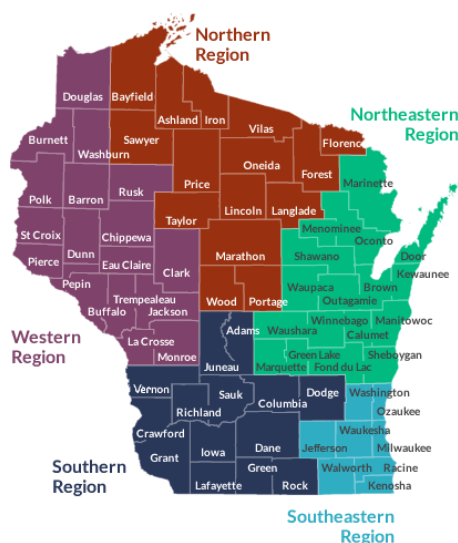
If yes, please explain: _____

Can you lift, push, pull or move 50 pounds or more throughout the day? ☐ Yes ☐ No

Are you able to continuously walk or stand for 8+ hours? ☐ Yes ☐ No

Are you currently enrolled in a higher education program? ☐ Yes ☐ No

If yes, list title of program and location: _____



Preferred Wisconsin Geographic:

- ☐ Northern Region
- ☐ Northeastern Region
- ☐ Western Region
- ☐ Southern Region
- ☐ Southeastern Region

Preferred County or city/town: _____

State preference to work in healthcare: ☐ Rural ☐ Urban

Type of facility: ☐ Acute Care ☐ Long-term care ☐ Community Health Center ☐ Tribal Health

What do you need to be successful continuing your education? _____

Do you need assistance? ☐ GI Bill Assistance ☐ Financial Support (Uniforms, shoes, stethoscope, laptop)

Required Information and Documents

Number of people in your household: _____ Household yearly income: _____

List and Attach Certifications: _____

Please attach: ☐ Resume ☐ JST ☐ Discharge Papers (DD214) ☐ Immunization Records

Please visit heroesforhealthcare.org for more information. For additional questions, please email

info@heroesforhealthcare.org or call 866-456-3864.