

**Ascension Providence Hospital
Southfield Campus**

16001 West Nine Mile Road • Southfield, Michigan 48075
Phone: (248) 424-3000

SCHOOL of RADIOLOGIC TECHNOLOGY

APPLICATION FOR ADMISSION

“Qualified applicants are considered for admission to the Ascension Providence Hospital School of Radiologic Technology without regard to race, color, religion, sex, height, weight, national origin, age, sexual orientation, arrest record, marital or veteran status, or the presence of a non-job related medical condition or disability. It is the applicant’s responsibility to notify us of any reasonable accommodation necessary to perform the essential duties of the position for which the applicant has applied.”

IMPORTANT - PLEASE TYPE OR PRINT CLEARLY IN INK

PERSONAL DATA

Date		Social Security Number	
Last Name	First	Middle	
Address		City	State Zip Code
Telephone Number (Home)	Telephone Number (Alternate)	Email Address	
Person to Notify in Case of Emergency Name		Telephone Number	
Address		City	State Zip Code
Are you age 18 or older: Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a U.S. citizen or otherwise authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a crime other than a minor traffic violation? If yes, explain:			
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

	School Name and Location	Major	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree / Diploma
High School			Yrs. Completed _____	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Undergraduate College/ University			Yrs. Completed _____	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical / Vocational			Yrs. Completed _____	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY

Beginning with your CURRENT or most RECENT employer, list last four positions held including Military Service in date order

Name of Employer	Position Held	From	To
Address	Name and Title of Supervisor	Hours Per Week	
City State Zip	Reason For Leaving	Base Hourly Rate/Salary	
Telephone Number	Type of Business or Institution		
Duties			

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Telephone Number	Type of Business or Institution		
Duties			

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN WHERE INDICATED BELOW:

I hereby certify that the information given by me in this application is true and correct in all respects, and I understand that any misrepresentation, omission or falsification of information is grounds for immediate dismissal.

I understand the information on this application is subject to check and verification by Ascension Providence Hospital School of Radiologic Technology and that my previous employers may be asked for information regarding my employment with them. I hereby authorize all schools that I have attended, my former employers, my military service branch and any others having information concerning me or my past employment to release in confidence all information regarding me. I hereby release from liability each and all of those who provide such information. I understand that my acceptance into the School of Radiological Technology is dependent upon my successful completion of a physical examination to be conducted at the hospital.

I understand that this hospital operates on a twenty-four hour per day, seven days per week basis. Because of this, I understand that it may be necessary for any student to rotate shifts, and I agree to do so.

Signature of Applicant: _____ Date _____

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School of Radiologic Technology

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P.O. BOX 2043
Southfield, Michigan 48075
(248) 424-3000

INFORMATION RELEASE

DATE: _____

To Whom It may Concern:

I have applied to Ascension Providence Hospital's School of Radiologic Technology. In order that the School may properly evaluate my qualifications, it is my desire that it be fully advised of my employment relationship with you:

I herewith request and authorize you without qualification or limitation to release and furnish to Providence any and all information in your records, files or in your possession, concerning or relating to my present and/or past employment by you.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Named One of America's Top 100 Hospitals
Member of Daughters of Charity National Health System, Inc.