



EQUAL OPPORTUNITY EMPLOYER.
ALL QUALIFIED APPLICANTS WILL RECEIVE EQUAL
CONSIDERATION REGARDLESS OF RACE, COLOR, SEX,
MARITAL STATUS, NATIONAL ORIGIN, DISABILITY, AGE,
RELIGION OR ANY OTHER PROTECTED BASIS AS
PROHIBITED BY LAW.

Ascension St. Joseph, School of Radiologic Technology Application

Personal Information: (Please Print)

Name: (Last, First, Middle): _____

Previous Last Name: _____

Present Street Address: _____

City: _____

State: _____ Zip Code: _____

Area Code/Home Phone Number: _____

Area Code/Cell Phone Number: _____

Area Code/Emergency Number: _____

E – Mail Address: _____

Last 4 Digits of SS# _____

Are you at least 18 years of age? •Yes •No

Are you an U.S. citizen? •Yes •No

Do you have a legal right to work in the U.S.? •Yes •No

Military Record:

Military Service: •Yes •No

Branch of Service: _____

Dates of Service: From _____ To _____

Reserve Status: •Active •Inactive •None

Rank at Discharge: _____

Please describe any related job training that you received: _____

Education:

1. Name of High School: _____

Address: _____ City / State: _____

Dates Attended: _____ Date of Graduation: _____

Degree: _____

2. Name of College: _____

Address: _____ City / State: _____

Dates Attended: _____ Date of Graduation: _____

Degree: _____

3. Name of College: _____

Address: _____ City / State: _____

Dates Attended: _____ Date of Graduation: _____

Degree: _____

Are you currently certified in American Heart Healthcare Provider BLS CPR? •Yes •No

Do you have any friends or relatives in our employ? •Yes •No

If yes, please list name: _____

Relationship: _____

Where employed: _____

In what role: _____

Have you ever worked for Ascension Healthcare? •Yes •No

Where: _____ Department: _____

When: From _____ To _____

Employment Record:

1. Current or most recent employer's name: _____
Address: _____ City / State / Zip Code: _____
Department: _____ Name of Supervisor: _____
Phone Number: _____ Dates Worked: From _____ To _____
Duties Performed: _____
Reasons for Leaving: _____
2. Current or most recent employer's name: _____
Address: _____ City / State / Zip Code: _____
Department: _____ Name of Supervisor: _____
Phone Number: _____ Dates Worked: From _____ To _____
Duties Performed: _____
Reasons for Leaving: _____
3. Current or most recent employer's name: _____
Address: _____ City / State / Zip Code: _____
Department: _____ Name of Supervisor: _____
Phone Number: _____ Dates Worked: From _____ To _____
Duties Performed: _____
Reasons for Leaving: _____
4. Current or most recent employer's name: _____
Address: _____ City / State / Zip Code: _____
Department: _____ Name of Supervisor: _____
Phone Number: _____ Dates Worked: From _____ To _____
Duties Performed: _____
Reasons for Leaving: _____

References:

List three references which we may contact (no family members):

1.			
	Name	Address	
	How Long Acquainted	Occupation	Phone Number
2.			
	Name	Address	
	How Long Acquainted	Occupation	Phone Number
3.			
	Name	Address	
	How Long Acquainted	Occupation	Phone Number

* I certify that the information provided by me on this application is true and correct without misrepresentation or omission of any kind whatsoever, and I understand that if any of this information is discovered to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, it will be sufficient cause of further enrollment consideration or my discharge at any time and I agree that the Hospital shall not be liable in any respect if my enrollment is terminated for any of those reasons.

* I understand that Ascension Healthcare will verify the information provided on this application including education, employment, pending charge and criminal conviction information in the State of Wisconsin and all other states resided in within the past 10 years.

* I understand my admission to a pending charge, conviction record for a felony, misdemeanor, or ordinance violation (other than traffic) does not necessarily disqualify from enrollment since the nature of the offense and date will be considered.

* I authorize the persons, employers, schools and organizations listed above to give any information to the Hospital that they have regarding me. I hereby release those employers, schools and organizations and all individuals connected with them from all liability including any claim for damages for releasing this information to the Hospital.

* I understand that if accepted into the School of Radiologic Technology, I must satisfactorily complete a physical assessment, which includes an examination and a drug screen as a condition of admission.

* By signing this application I understand that no contract exists between Ascension – St. Joseph and myself. My enrollment will be “at will”, which means that either I or the Hospital may terminate the enrollment for any reason at any time.

Signature of Applicant and Date