



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

## Ascension St. Joseph, School of Radiologic Technology Application

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### 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

## 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.

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**Signature of Applicant and Date**