



**ST. JOHN'S MERCY
MEDICAL CENTER**

DATE: _____

NAME:

Last

SCHOOL OF RADIOLOGIC TECHNOLOGY APPLICATION

Application for Class Beginning in July, _____.

PERSONAL DATA

Last Name	First Name	Middle	Social Security Number
Street Address			Home Phone Number
City	State	Zip Code	Business and/or Pager Number
How were you referred to SJMMC School of Radiologic Technology? <input type="checkbox"/> Career Fair <input type="checkbox"/> Want Ad (name of publication)			
<input type="checkbox"/> Unity Health Employee (name) _____ <input type="checkbox"/> Other _____			
Are you a citizen of the United States or can you establish that you are authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, work permit # _____			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any physical and/or mental limitations that may interfere with your performance in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____			
Have you ever been employed by a Unity Health facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at which facility? _____ Dates of employment: _____			
Do you have any relative working for Unity Health? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at which facility? _____ Name: _____ Relationship: _____			
Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you have an interview? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year applied _____			

First

Middle

SKILLS

The following are the essential skills required of a student in the Radiologic Technology training program.	
Please check Yes or No as to whether you are capable of performing the tasks listed below.	
Student is required to stand frequently, walk continuously and be able to lift/carry light (20 pounds) to medium (50 pounds) maximum weight frequently.	Yes _____ No _____
Student is required to reach forward, reach overhead, lift floor to waist, and lift waist to overhead frequently.	Yes _____ No _____
For repetitive action, student is required to use both hands for simple grasping, pushing/pulling and fine manipulation.	Yes _____ No _____
For repetitive movement, student is required to use foot controls with one foot.	Yes _____ No _____
Student is able to read the English language.	Yes _____ No _____
Student is able to follow instructions without the ability of lip reading or signing.	Yes _____ No _____
Student is able to speak and pronounce the English language.	Yes _____ No _____
Student is able to write the English language.	Yes _____ No _____
Student is exposed to the following environmental conditions: Temperature changes (heat, cold, wet, damp), and confinement to small area occasionally; noise and CRT terminal work frequently; fumes, radiation, and electrical hazards continuously. Student is occasionally exposed to blood borne pathogens.	
Signature: _____	Date: _____

TODAY'S DATE:

Month

Day

Year

EDUCATION

NAME OF SCHOOL	FROM Month/Year	TO Month/Year	MAJOR SUBJECTS	DID YOU GRADUATE?	DEGREE OR LAST GRADE COMPLETED
High School: _____ Your name at that time: _____				YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>	
College: _____ Your name at that time: _____				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other: _____ Your name at that time: _____				YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREPARATORY CURRICULUM

Please circle the courses which you have completed as well as any you are currently taking:					
Mathematics	Algebra	Biology	Chemistry	Geometry	
Physical Science	Anatomy & Physiology	Psychology	Physics	Sociology	Ethics
Have you, or are you scheduled to take the A.C.T. (American College Testing) Examination? Yes____ No____					
If yes: Month and year taken/scheduled: _____ Score _____					

ADDITIONAL INFORMATION REGARDING QUALIFICATIONS

List any other experience, training, volunteer work, memberships or special awards that may be pertinent to the position(s) for which you are applying (exclude those which indicate race, color, sex, religion or national origin): _____ _____ _____

MILITARY EXPERIENCE

Branch of Service: _____ Duties and any special training: _____ _____ _____ _____	Period of Active Duty: Start: _____ End: _____ Date of Discharge: _____ Type of Discharge: _____ Rank at Discharge: _____
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EMPLOYMENT HISTORY

(All data must be complete. Attach additional sheet(s) if necessary.)

List present or most recent employment first. List all employment experience including military and volunteer service. You may attach documents (a resume, for example) but you **MUST** complete the employment history section. This information will be used in reference checks necessary for further consideration.

Present or Last Employer	Type of Organization	Telephone ()
Address	City, State	Zip Code
Position Held	Department	Name of Supervisor
Job Duties: _____ _____		Employed (month & year) From: To:
Your name (at that time):		Last Rate of Pay: Reason for Leaving:
		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer	Type of Organization	Telephone ()
Address	City, State	Zip Code
Position Held	Department	Name of Supervisor
Job Duties: _____ _____		Employed (month & year) From: To:
Your name (at that time):		Last Rate of Pay: Reason for Leaving:

Previous Employer	Type of Organization	Telephone ()
Address	City, State	Zip Code
Position Held	Department	Name of Supervisor
Job Duties: _____ _____		Employed (month & year) From: To:
Your name (at that time):		Last Rate of Pay: Reason for Leaving:

CAREER GOALS

<p>How did you become interested in pursuing a career in Radiologic Technology?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>What are your expectations from a program of this nature? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

REFERENCES

(Please list business references; do not list relatives or friends.)

Name	Occupation	Address	Phone Number	Years Known

Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to a felony or misdemeanor criminal charge, including

one in which you received a suspended imposition of sentence, suspended execution of sentence or any period of probation or parole?

Yes No

If the answer is yes, specify the offense and the date, place and court which has a record thereof:

Have you ever been made the subject of a complaint or investigation concerning alleged child or elder abuse or neglect, or are you listed on the employee disqualification list maintained by the Missouri Department of Social Services or any other state?

Yes No

If the answer is yes, specify the offense and the date, place, agency or other entity having a record thereof:

IMPORTANT - PLEASE READ

I certify that the information I have furnished is correct and complete to the best of my knowledge and belief with the understanding that it may be subject to verification with former employers and other persons. I understand and agree that misrepresentation, falsification or omission may be considered sufficient cause for rejection or dismissal from the program. I understand that I must meet the health standards established by the Medical Center as a condition of acceptance and continued enrollment which will be determined by the required physical examination.

I authorize my past employers to supply any information they have concerning me or my work performance during my association with them and release them from all liability in connection therewith. I understand that if I am accepted for the School of Radiologic Technology, the student relationship will be terminable at will by either party, at any time, with or without cause.

Signature of Applicant

Date