

**SCHOOL OF RADIOLOGIC TECHNOLOGY  
APPLICATION FOR ADMISSION**

**APPLICATION INSTRUCTIONS AND REQUIREMENTS:**

1. Please respond to the questions contained in this application fully and accurately. If additional space is needed for any responses, use separate sheets. Once the application is completed, forward it to the School prior to **February 15th** of the year you wish to attend. All items listed below must be submitted prior to the **February 15th** deadline to complete the application process.
  - a. Completed application form, with **\$25.00 application fee**. Make check payable to Columbia St. Mary's Hospital.
  - b. Original transcripts from the high school you attended (graduated), transcripts from any college attended, and/or G.E.D. scores.
  - c. Two dated academic and/or work reference letters.
  - d. A statement, in your own handwriting, describing why you wish to become a Radiologic Technologist, and a brief autobiography of your life after high school.
2. Upon receipt of this information, your application will be reviewed by the Admissions Committee. If you meet the admission requirements, a personal interview along with a tour of the department will be arranged.
3. All information and records become the property of the School, available only to the officials of the School, and are held in strict confidence. No records can be returned or forwarded.

Have you ever worked for Columbia or St. Mary's Hospitals? List (include dates and positions held) \_\_\_\_\_

Have you applied at either site for work within the last 6 months?  Yes  No

As an Equal Opportunity Employer, The Organization does not discriminate against qualified applicants in hiring or in promoting qualified employees because of age, race, creed, color, religion, marital status, sex, national origin, ancestry, citizenship, sexual orientation, handicap, disability, arrest and/or conviction record, membership in the National Guard or any other reserve component of the military forces of the United States or Wisconsin, or other protected status, as required by law.

**PLEASE PRINT**

HOW WERE YOU REFERRED TO US?

Ad  Job Line  Job Fair  Employee Referral (Name) \_\_\_\_\_  Self Referral  Other

**P E R S O N A L**

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
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ADDRESS	CITY	STATE	ZIP	TELEPHONE (H) _____ (W) _____
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BEST TIME OF DAY TO REACH YOU BY PHONE? At Home? \_\_\_\_\_ At Work? \_\_\_\_\_

ARE YOU OVER 18? <input type="checkbox"/>	ARE YOU EITHER A U.S. CITIZEN OR DO YOU OTHERWISE HAVE LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES WHICH IS NOT LIMITED TO A PARTICULAR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have your employment or educational records ever been listed under another name?  Yes  No

If yes, please indicate name(s) and dates \_\_\_\_\_

**E D U C A T I O N A L   H I S T O R Y**

Schools	Print Name, Number and Street, City, State and Zip Code for each School Listing	Circle Last Year Completed	Type of Course or Major	Years Attended	Degree Received
High School	_____	9 10 11 12		N/A	
College/University	_____	1 2 3 4		_____ to _____	
Graduate School	_____	1 2 3 4		_____ to _____	
Other Training/ Education	_____	1 2 3 4		_____ to _____	

WERE THERE ANY PERIODS OF TIME WHEN YOU WERE NOT IN SCHOOL OR WORKING?  Yes  No

DATES: \_\_\_\_\_ REASON: \_\_\_\_\_

EMPLOYMENT HISTORY

**COMPLETE TELEPHONE AND ADDRESS INFORMATION IS REQUIRED.**  
Begin with your present or most recent employer.

NAME OF EMPLOYER	PHONE NUMBER	DATES EMPLOYED		SUPERVISOR'S TITLE
		FROM	TO	
ADDRESS / CITY / STATE / ZIP		HOURLY RATE / SALARY		SUPERVISOR'S NAME
YOUR JOB TITLE and CLINICAL AREA, IF APPLICABLE		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	MAY BE CONTACTED FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING				

NAME OF EMPLOYER	PHONE NUMBER	DATES EMPLOYED		SUPERVISOR'S TITLE
		FROM	TO	
ADDRESS / CITY / STATE / ZIP		HOURLY RATE / SALARY		SUPERVISOR'S NAME
YOUR JOB TITLE and CLINICAL AREA, IF APPLICABLE		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	MAY BE CONTACTED FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING				

NAME OF EMPLOYER	PHONE NUMBER	DATES EMPLOYED		SUPERVISOR'S TITLE
		FROM	TO	
ADDRESS / CITY / STATE / ZIP		HOURLY RATE / SALARY		SUPERVISOR'S NAME
YOUR JOB TITLE and CLINICAL AREA, IF APPLICABLE		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	MAY BE CONTACTED FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING				

NAME OF EMPLOYER	PHONE NUMBER	DATES EMPLOYED		SUPERVISOR'S TITLE
		FROM	TO	
ADDRESS / CITY / STATE / ZIP		HOURLY RATE / SALARY		SUPERVISOR'S NAME
YOUR JOB TITLE and CLINICAL AREA, IF APPLICABLE		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	MAY BE CONTACTED FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING				

HAVE YOU EVER BEEN FIRED, DISCHARGED OR ASKED TO RESIGN?

YES     NO

IF YES, PLEASE EXPLAIN (include position) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all convictions and pleas of nolo contendere or no contest for any offense or violation (including felony, misdemeanor or municipal ordinance) other than minor traffic violations and list all pending criminal charges. **If not applicable, please put N/A.**

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No applicant will be denied a position because of a pending criminal charge or conviction for (or plea of nolo contendere or no contest to) an offense or violation (whether criminal or otherwise) which The Organization determined is not substantially related to the circumstances of the job. I understand that any false or misleading information that I provide to The Organization as part of this conviction information statement, or the withholding of information deemed pertinent by The Organization, will result in dismissal and rejection of me as an applicant or termination of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are there any other pertinent facts you would voluntarily like to tell us which, in your opinion, may help us to evaluate your qualifications for the position you are seeking? If so, please list facts below.

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CERTIFICATION

- I certify that the information given herein and any resume or other information I provide to The Organization as part of the admission process is complete and accurate to the best of my knowledge. In the event I am accepted into the program, I understand that any false or misleading information given in my application, resume or any other information I provide to The Organization as part of the admission process or the withholding of information deemed pertinent by The Organization will result in dismissal and rejection of me as an applicant or termination as a student.
- I also grant permission for the authorities of The Organization to investigate my criminal / civil / ordinance history record, employment references, credentials, qualifications, and any statement I have made in this application, resume or during the application process and release The Organization and all previous employers, schools, and organizations I have identified (and all persons connected with it or them) from any and all liability resulting from such investigation.
- I consent to any and all medical examinations and drug screens required by The Organization. Upon my termination, I authorize the release of reference information on my clinical and academic performance. I understand that the successful completion of a medical examination including a drug screen is required of all applicants who are offered positions in the school as a condition of being a student.
- I understand that if offered a position I must present proof of my identity and employment eligibility in order to be employed, as required by law.
- I am aware that The Organization has a restricted smoking policy and that I will be required to comply with this policy.
- The Organization operates 24 hours per day, 7 days a week and at multiple worksites. I understand that it may be necessary for me to work weekends and/or holidays, overtime, different shifts, or at various locations. Locations may vary and can be unpredictable.
- I understand that as part of my application to The Organization noted on page 1 of the application, information that is obtained as part of this application and process may be disseminated as appropriate to other CSM related entities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

REFERENCE RELEASE AUTHORIZATION

I consent to and authorize the employer and school named on this application to release information requested about employment and/or school verification. I hereby release said employer or school from any liability in releasing this information to The Organization. My employment records or educational records may be listed under another name, if so list name:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_