

# APPLICATION FOR ADMISSION



## A. PERSONAL:

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Social Security Number \_\_\_\_\_

3. Permanent Legal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Telephone Number \_\_\_\_\_  
Area Code Number

5. Are you 18 years of age or older? \_\_\_\_\_ If not, when will you become 18? \_\_\_\_\_

6. Are you a U.S. citizen or an alien legally authorized to work in the United States?  
\_\_\_\_\_

Clearfield Hospital is an equal opportunity employer and the School of Radiologic Technology adheres to this policy of nondiscrimination. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for enrollment because of his/her race, color, religion, sex, age, non-job related handicap or disability or national origin.

## B. ACADEMIC:

1. High school attended: \_\_\_\_\_ Location: \_\_\_\_\_  
\_\_\_\_\_  
Dates \_\_\_\_\_ Major \_\_\_\_\_

2. All undergraduate colleges attended - include summer sessions:

<u>Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(continued)



2. Formerly employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates: \_\_\_\_\_

D. APPLICANT'S STATEMENT:

Please give a brief explanation as to why you chose the field of Radiologic Technology.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby apply for admission to the Clearfield Hospital School of Radiologic Technology. If admitted, I agree to abide by its regulations. I certify that the foregoing information is true and complete to the best of my knowledge and fully realize that omission or falsification of information will be considered sufficient reason for rejection of this application or of dismissal.

\_\_\_\_\_

Date

Signature of Applicant

If applicant is under 18 years of age, this statement must also be signed by parent or legal guardian.\*\*

\_\_\_\_\_

Date

Parent/Legal Guardian

\*\*The signature is required, and the application will not be accepted without it.