

Applicants are considered for acceptance and are treated equally during the program without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

Application Date: _____ Start Date – Fall _____

Referral Source: Advertisement Friend Relative La Roche University Other _____

Name: _____
Last First Middle

Gender: Male Female

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

What is your preferred method of contact? _____

PERSONAL INFORMATION

Other names now or previously used: _____

Are you 18 years of age or older? Yes No

Have you ever pled guilty or been convicted of a crime other than a misdemeanor or summary offense? Yes No If yes, please explain: _____

Are you willing to submit to a criminal background check and drug screening? Yes No

Person to be notified in case of emergency:

Name & Relationship: _____

Phone Number: _____

EDUCATION

High School: Number of Years Completed (please circle the highest) 1 2 3 4

School: _____ City: _____

State: _____ Zip Code: _____

High School Diploma/GED: Yes No

College: Number of Years Completed (please circle the highest) 1 2 3 4

School: _____ City: _____

State: _____ Zip Code: _____

Major: _____ Degree Earned/Expected: _____ Ended: _____

OTHER TRAINING OR DEGREES

School: _____	City: _____	
State: _____	Zip Code: _____	
Major: _____	Degree Earned/Expected: _____	Year Ended: _____

School: _____	City: _____	
State: _____	Zip Code: _____	
Major: _____	Degree Earned/Expected: _____	Year Ended: _____

Math and Sciences Courses taken:

Volunteer Work

EMPLOYMENT RECORD (most recent first)

Employer _____	Supervisor _____
Address _____ _____	
Telephone _____	
Duties _____	
Dates Employed	From: _____ To: _____

Employer _____	Supervisor _____
Address _____ _____	
Telephone _____	
Duties _____	
Dates Employed	From: _____ To: _____

***Please submit a check or money order for \$25.00 made payable to Heritage Valley Kennedy Hospital, School of Radiography and two letters of recommendation from past employers, teachers, managers, or co-workers and copies of high school and college transcripts.**

Payment and documents may be sent to:

Heritage Valley Kennedy
School of Radiography
25 Heckel Road
McKees Rocks, PA 15136

PLEASE READ CAREFULLY BEFORE SIGNING

My signature below indicates that I have read, I understand and I agree to the following:

1. I hereby certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if I am accepted, the discovery of any false information provided or any relevant information omitted (no matter when discovered) could result in the dismissal from the program.
2. I authorize and instruct Heritage Valley Kennedy, School of Radiography to make whatever inquiries it deems necessary of any person or organization, including other employees, to verify any of the information I have provided in this application in order to determine my qualifications and abilities.
3. In exchange for Heritage Valley Kennedy Hospital's, School of Radiography, agreement to receive, process and consider my application, I hereby release Heritage Valley Kennedy Hospital, School of Radiography from any and all claims or causes of action arising out of Heritage Valley Kennedy Hospital's, School of Radiography verification of the information I have provided in this application and/or its determination of my qualifications and abilities.
4. I understand that acceptance at Heritage Valley Kennedy Hospital, School of Radiography is contingent on satisfactorily passing criminal background and child abuse checks and a post-acceptance drug screening.

Signature: _____ Date: _____

Revised 8/2020