



School of Radiologic Technology  
 Application  
 3801 Spring Street  
 Racine, Wisconsin 53405

For Office Use Only			
	Date		Date
Application Received		Interview Scheduled	
H.S. Transcripts		Letter of Regret	
College Transcripts		Letter of Acceptance	
College Courses		Letter of Alternate Status	
Eligible		Wish to Reapply	
Ineligible		Declined Position	
Observation Completed		Withdraw	

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, creed, sex, national origin, age, marital status, disability (if otherwise qualified), sexual orientation, ancestry, or other class protected by law.

**Personal Information**

Name: \_\_\_\_\_  
 Last First Middle Initial

Address: \_\_\_\_\_  
 City State Zip code

Email Address: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

Have you ever been employed by any facility that is now a member of Ascension All Saints?  Yes  No

If Yes, when? \_\_\_\_\_ Facility: \_\_\_\_\_

Job Held: \_\_\_\_\_

Do you have any relatives presently employed by Ascension All Saints?  Yes  No

If yes, please list name (s) and relationship:  
 \_\_\_\_\_

Are you over age 18?  Yes  No If not, please state your birth date: \_\_\_\_\_

Are you a citizen of the U.S. or legally authorized to work in the U.S.?  Yes  No

Proof of authorization will be required upon acceptance into the School of Radiologic Technology.

Did you ever work or attend school under a different name than the one listed on this application?  Yes  No

If yes, please list:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever served in the United States Armed Forces?  Yes  No

Branch of service: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Rank at separation \_\_\_\_\_

Are you a member of an active reserve unit?  Yes  No

**Education**

*Send a transcript of your high school grades and forward any other transcripts from a vocational college or university. If you have a GED/HSED, you must submit a copy as well.*

High School	City/State	Course of Study	Last Year completed	Did you graduate?	Diploma or Degree

List below information concerning college, university or other schools attended:

College/University	City/State	Course of Study	Last Year completed	Did you graduate?	Diploma or Degree

**Statement of Intent**

Briefly, state, in the space provided, your reasons for entering the field of Radiologic Technology:

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## Employment History

In order to obtain a complete employment history, list below ALL previous employers beginning with your most recent employer first.

If presently employed, may we contact your employer?  Yes  No

Company _____	From _____	To _____	Job Duties _____
Address _____	_____	_____	_____
_____	mo/yr	mo/yr	_____
Phone _____			_____
Job Title _____			_____
Supervisor _____			_____
Reason for leaving: _____			_____

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Company _____	From _____	To _____	Job Duties _____
Address _____	_____	_____	_____
_____	mo/yr	mo/yr	_____
Phone _____			_____
Job Title _____			_____
Supervisor _____			_____
Reason for leaving: _____			_____

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Company _____	From _____	To _____	Job Duties _____
Address _____	_____	_____	_____
_____	mo/yr	mo/yr	_____
Phone _____			_____
Job Title _____			_____
Supervisor _____			_____
Reason for leaving: _____			_____

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Company _____	From _____	To _____	Job Duties _____
Address _____	_____	_____	_____
_____	mo/yr	mo/yr	_____
Phone _____			_____
Job Title _____			_____
Supervisor _____			_____
Reason for leaving: _____			_____

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Please explain period (s) of unemployment, which may have occurred during your work history.

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## References

List the names and addresses of three persons you know professionally or through your educational experiences. You may list a recent or former teacher, counselor, or co-worker. Do not list a personal friend, relative or neighbor.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Address \_\_\_\_\_

### How were you referred to the Ascension All Saints School of Radiologic Technology?

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement             | <input type="checkbox"/> Career Day/High School/College Fair |
| <input type="checkbox"/> Relative/present employee | <input type="checkbox"/> Internet/Intranet                   |
| <input type="checkbox"/> Name of employee: _____   | <input type="checkbox"/> Other, specify _____                |

**Classes begin in July. To be eligible for the July class, applications and transcripts must be received no later than February 15<sup>th</sup>.**

Please read carefully.

I certify that the information contained in this application is true and correct to the best of my knowledge. I authorize the contacting of former employers, schools and other references by the School of Radiologic Technology. I realize that any false statement made here may be cause for non-acceptance or dismissal from the educational program. If I agree to accept an appointment to the School of Radiologic Technology, I will abide by all its requirements and regulations. I consent to and also understand that admission to the School is contingent upon the satisfactory results of a physical examination, including a drug screen and criminal background check.

If you have ever been convicted of a felony or misdemeanor, you may want to contact the American Registry of Radiologic Technologists (ARRT) (651) 687-0048 or [www.arrt.org](http://www.arrt.org) to inquire about your registry eligibility.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Send to: Program Director  
Ascension All Saints  
School of Radiologic Technology  
3801 Spring Street  
Racine, WI 53405