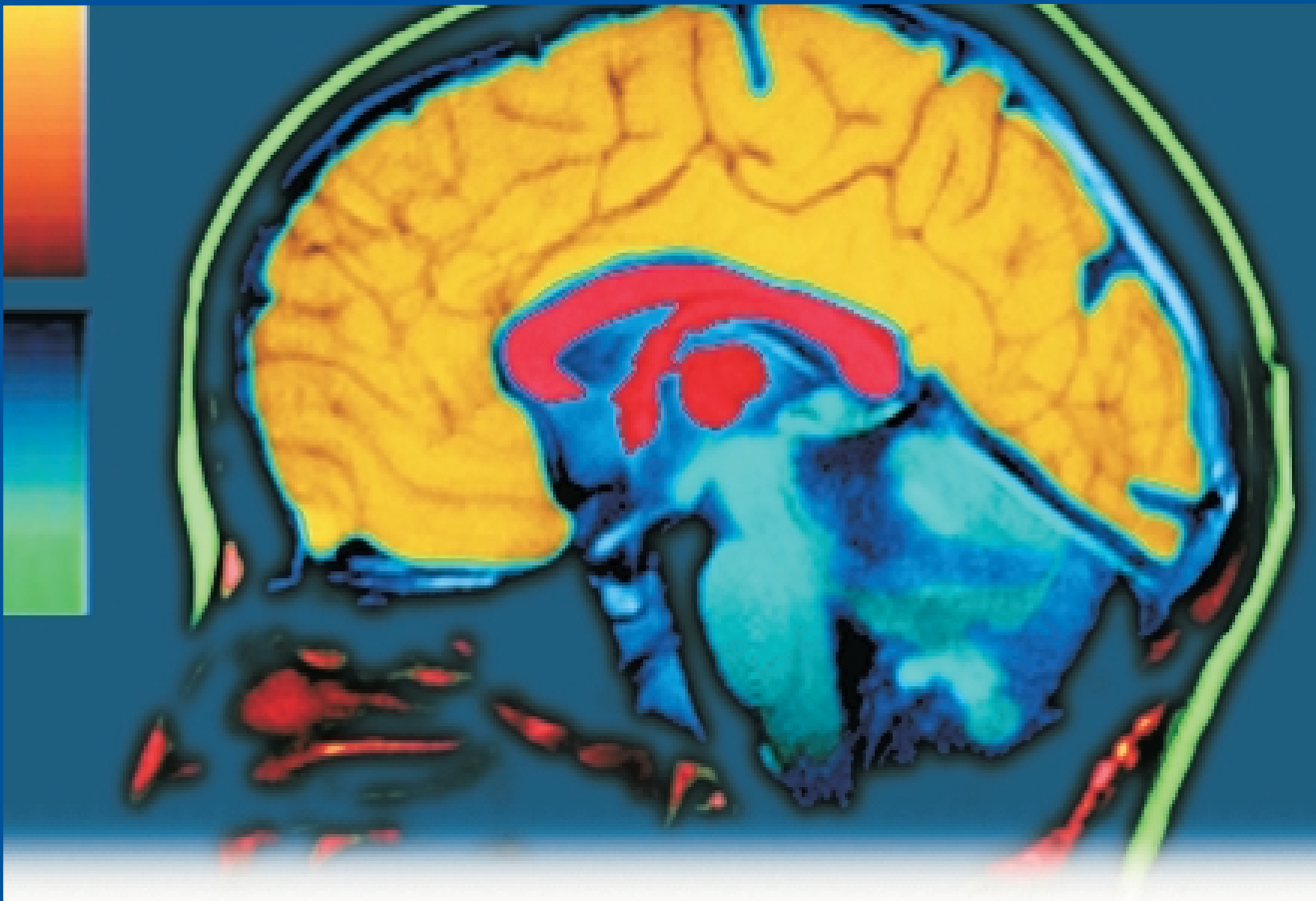


APPLICATION FOR . . .



SCHOOL OF RADIOLOGIC TECHNOLOGY

Return Application To:

Mercy Medical Center
School of Radiologic Technology
1320 Mercy Drive, N.W.
Canton, OH 44708

Mercy Medical Center will comply with all applicable federal and state laws concerning employment practices. There shall be no discrimination against any employee or applicant for employment in any manner because of race, color, religion, sex, natural origin, age, legal handicap, or any other protected status.

PERSONAL . . .

FULL NAME: (Last) _____ (First) _____ (Middle) _____
(As shown on Social Security Card)

ADDRESS: (Street) _____ (City) _____ (State) _____ (Zip) _____

TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

Alternate phone numbers where you can be reached:

Have you filed an application here before? Yes No Date _____
 Have you been interviewed here before? Yes No Date _____
 Have you been employed here before? Yes No Date _____
 If yes, name(s) employed under? Name(s) _____

Have you since the age of 18 been convicted of any crime? Yes No Date _____
If yes, please explain: _____

(A conviction itself does not constitute an automatic bar to becoming a student. All pertinent factors will be considered in making the decision of acceptance.)

Are you 18 years of age or older? Yes No

Are you either a U.S. Citizen or an alien authorized to work in the U.S.? Yes No
If yes, can you verify your identity and eligibility to work in the U.S.? Yes No

Have you ever been discharged or asked to resign? Yes No
If yes, please explain: _____

EDUCATION . . .

	Name of School	Location	# Yrs. Attended	Graduate Yes/No	Degree/Course
High School					
GED					
Business-Technical					
Nursing					
College					
Other					

Honors Received: _____

NOTE: The following must be submitted with application: H.S. Transcripts College Transcripts References
 If there are any other experiences, skills, or qualifications which you feel would especially qualify you for work at Mercy Medical Center, please indicate the type of experience, where this experience was obtained, and the length of time spent doing this job.

CERTIFICATION / REGISTRATION / LICENSE-	Number-	State-	Exp. Date-
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Please complete even if you have a resume. If unemployed, go to next section and complete previous employment.

PREVIOUS EMPLOYMENT EXPERIENCE . . .

(List each job held for the past ten years. Include military service assignments.)

Employer _____	Supervisor _____		
Address _____	Phone _____		
Street	City	State	Zip
Dates: From _____ To _____			
Name Employed Under _____		Job Title: _____	
Work Performed _____			
Reasons for Leaving _____			

Employer _____	Supervisor _____		
Address _____	Phone _____		
Street	City	State	Zip
Dates: From _____ To _____			
Name Employed Under _____		Job Title: _____	
Work Performed _____			
Reasons for Leaving _____			

Employer _____	Supervisor _____		
Address _____	Phone _____		
Street	City	State	Zip
Dates: From _____ To _____			
Name Employed Under _____		Job Title: _____	
Work Performed _____			
Reasons for Leaving _____			

Employer _____	Supervisor _____		
Address _____	Phone _____		
Street	City	State	Zip
Dates: From _____ To _____			
Name Employed Under _____		Job Title: _____	
Work Performed _____			
Reasons for Leaving _____			

MISSION STATEMENT

The School of Radiologic Technology at Mercy Medical Center strives to prepare the student for an entry-level position in the field of radiology as a radiographer. The graduating student is eligible to sit for the radiography examination given by the American Registry of Radiologic Technologists. The school strives to ensure the demand for competent, compassionate, well-trained radiographers will be met for the future of our profession. Mercy Medical Center trains radiographers in order that they will assume responsible positions in the health care team and continue Christ's healing ministry by providing quality, compassionate care for the whole person.

APPLICANT ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION

I certify that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection of this application form, withdrawal of an offer to be a student, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision whether to accept me.

I authorize Mercy Medical Center, A Ministry of the Sisters of Charity of St. Augustine, to use all legal means at its disposal to assess my suitability for student training. I understand and agree that Mercy Medical Center, in partnership with the Sisters, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure. I also understand and agree that a police record check will be completed as part of this assessment process.

I understand, also, that if a student of Mercy Medical Center, the first three months of training (90 days) shall be considered a probationary period. As a student, I agree to abide by all rules and regulations of the Medical Center. I also understand that nothing in this student application creates a contract of employment between me and Mercy Medical Center. I understand that no representative of Mercy Medical Center has authority to enter into any agreement for employment for a specific period of time, or to make any agreement contrary to the foregoing.

I understand and agree with the fact that Mercy Medical Center maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace, employees, and patients, and that I will be required to undergo a post offer medical examination, including, but not limited to, drug and/or alcohol screening and testing. I understand and agree that I will be subject to such testing during the course of my being a student, and I specifically agree not to oppose in any fashion this testing. I understand that, subject to applicable law, Mercy Medical Center shall be the sole judge of the acceptability of any test results. Failure to sign a consent form or cooperate with the testing procedure will result in termination of the student agreement.

I further understand that Mercy Medical Center is a "smoke free" environment and as such, smoking is prohibited by patients, visitors, employees, and physicians throughout the interior & exterior premises, except for designated areas.

I understand and agree that I may be required to rotate weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of student training.

Signature of Applicant _____ Date _____

NOTE: A \$25.00 non-refundable application fee must accompany this application when submitting. Checks can be made payable to Mercy Medical Center.

Mercy Radiology School Reference Form

Reference for _____

(Please make comments in space as appropriate)

		Exceptional	Satisfactory	Unsatisfactory	Not applicable
1. Interpersonal Skills					
<i>Attitude</i>					
<i>Acceptance of supervision</i>					
<i>Customer Service</i>					
<i>Ability to work with others</i>					
2. Quality of Work					
<i>Follows instructions</i>					
<i>Accepts constructive criticism</i>					
<i>Problem solving skills</i>					
3. Work Habits					
Dependability					
Timeliness					
General Conduct					

Overall Impression:

Form completed by _____ Date _____

Title _____