

Professional License/Certification/Registration	Number	Issuing State	Expiration Date

Education	School Name and Location	Years Completed	Graduate ? Yes/No	Degree/Course
High School/ GED				
College/ University				
Other				

Honors/Awards received: _____

Other _____

Briefly describe your experiences, skills or interests which you feel qualify you for a student position with Mercy Medical Center: _____

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.

Mercy Medical Center is an equal opportunity employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices on the basis of race, color, religion, sex, marital status, age, national origin, or veteran or handicap status.

www.cantonmercy.org

NOTE: A \$40.00 non-refundable application fee must accompany this application when submitting. Checks can be made payable to Mercy Medical Center

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 of studentship, 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 Partnership of the Sisters of Charity of St. Augustine Health System and University Hospitals Health System to use all legal means at its disposal to assess my suitability. 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 criminal background check will be completed as part of this assessment process.

I understand also, that if I become a student at Mercy Medical Center, the first three months (90 days) shall be considered a probationary period. As an student, I agree to abide by all rules and regulations of the Medical Center.

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 also understand and agree that the criminal background check may include a fingerprinting requirement for some Mercy Medical Center positions. I understand and agree that I will be subject to such testing during the course of my studentship, and I specifically agree not to oppose in any fashion such 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 hiring process or termination of my student offer.

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 and exterior premises.

I may be required to rotate weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of studentship.

Signature of Applicant

Date