



MERCY MEDICAL CENTER

A Ministry of the Sisters of Charity Health System

Sonography School Application

Name _____
First Middle Last

Address: _____

City, State, ZIP: _____ County: _____

Social Security Number: _____ Telephone: _____

Cell Phone/Alternate Number: _____ E-Mail Address: _____

If you lived in another state within the last five (5) years, please provide the address: _____

Why did you apply to become a student with Mercy Medical Center? _____

For checking prior records, provide other names under which you have worked: _____

Do you have any relatives presently working for Mercy Medical Center?

No Yes If so, who? _____

Are you at least 18 years of age? Yes No

Are you legally permitted to be employed in the United States? Yes No

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

Have you ever been fired or asked to resign? Yes No If yes, explain and give dates _____

Have you since the age of 18, been convicted of any crime, including misdemeanors and traffic violations? (A conviction itself does not constitute automatic bar to employment) Yes No If yes, please list month/year, county and nature of offense _____

Have you ever been excluded from participation in any healthcare payment program funded in whole or in part by the Federal or a state government including, but not limited to, Medicare and Medicaid? Yes No If yes, please explain _____

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: _____

Current Employment *(Including a resume is encouraged; please complete even if including a resume)*

Current Company: _____

Address: _____

City, State, ZIP: _____

Supervisor Name: _____ Phone: _____

Dates of employment: From _____ To _____ Position Title: _____

Full-time Part-time Other _____

Job Duties _____

Reason for leaving _____

If currently employed, may we contact your employer for a reference? Yes No

Previous Employment

Please list in order of most recent for the past ten years and include military assignments and volunteer experience.

Company: _____

Address: _____

City, State, ZIP: _____

Supervisor Name: _____ Phone: _____

Dates of employment: From _____ To _____ Position Title: _____

Full-time Part-time Other _____

Job Duties _____

Reason for leaving _____

Company: _____

Address: _____

City, State, ZIP: _____

Supervisor Name: _____ Phone: _____

Dates of employment: From _____ To _____ Position Title: _____

Full-time Part-time Other _____

Job Duties _____

Reason for leaving _____

Company: _____

Address: _____

City, State, ZIP: _____

Supervisor Name: _____ Phone: _____

Dates of employment: From _____ To _____ Position Title: _____

Full-time Part-time Other _____

Job Duties _____

Reason for leaving _____

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 month (30 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