

2008 Application for Admission

**St. John Hospital and Medical Center**  
**School of Radiologic Technology**  
22101 Moross Road, Detroit, Michigan 48236  
(313) 343-3549

**Personal Information**

**Today's Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Maiden or Previous Name(s):** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip Code

**Telephone Number(s):** \_\_\_\_\_  
(Area Code)

How did you hear about our School of Radiologic Technology? (Optional) \_\_\_\_\_

If you were referred by a current St. John Hospital and Medical Center student or employee, please list their name: \_\_\_\_\_

**Education, Employment, Patient Related Experience:**

Please describe any personal or work related experience that you have had dealing with ill patients or other health related experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**High School**

**Name of School:** \_\_\_\_\_

**City and State:** \_\_\_\_\_

**Dates of attendance: From** \_\_\_\_\_ **To** \_\_\_\_\_ **Diploma** \_\_\_\_\_  
Month/ Year Month/ Year

**College, University or Skilled Education**

**Name of School:** \_\_\_\_\_

**City and State:** \_\_\_\_\_

**Dates of attendance: From** \_\_\_\_\_ **To** \_\_\_\_\_ **Degree** \_\_\_\_\_  
Month/ Year Month/ Year

**Name of School:** \_\_\_\_\_

**City and State:** \_\_\_\_\_

**Dates of attendance: From** \_\_\_\_\_ **To** \_\_\_\_\_ **Degree** \_\_\_\_\_  
Month/ Year Month/ Year

**Current Employment**

**Name:** \_\_\_\_\_

**City and State:** \_\_\_\_\_

**Dates: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Military Service Record**

**Were/ are you in the armed forces? Yes No If yes, what branch?** \_\_\_\_\_

**Dates of Service: From** \_\_\_\_\_ **To** \_\_\_\_\_ **Rank** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Citations and/ or awards:** \_\_\_\_\_

Have you ever been convicted of a criminal act? Yes or No

Are you a citizen of the United States? Yes or No If not, do you have a student visa permitting you to remain permanently in the United States? Yes or No

**Person to notify in case of an emergency:**

**Name:** \_\_\_\_\_ **Relationship (optional):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number(s) (include area codes):** \_\_\_\_\_

Please write a paragraph below (or attach a typewritten page) about why you are interested in becoming a Radiologic Technologist.

**Please read carefully before signing**

I have included the required **non-refundable \$20.00** application fee (made out to *St. John Hospital and Medical Center*). I certify that the answers, which appear on this application, are complete and true. I realize that falsification or omission of any information on this application or during an interview, receipt of a poor reference, or failure to successfully complete a physical examination at any time, may be cause for my rejection or dismissal. I will submit to any physical examination or blood tests whenever required at St. John Hospital and Medical Center. If accepted, I agree to observe hospital rules and regulations at all times.

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Signature of Applicant

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Signature of parent or legal guardian (if under 18)

*Student recruitment for the St. John Hospital and Medical Center School of Radiologic Technology is non-discriminatory with respect to race, age, color, creed, sex, physical ability or national origin.*