

APPLICATION
BAPTIST HOSPITALS OF SOUTHEAST TEXAS
SCHOOL OF RADIOLOGIC TECHNOLOGY
BEAUMONT, TEXAS

Application must be complete and submitted by August 1. Do not leave any blanks unanswered. Failure to provide requested information will void application. Remember to submit your \$40.00 Application Fee with this application. Make check payable to: BAPTIST HOSPITALS OF SOUTHEAST TEXAS SCHOOL OF RADIOLOGIC TECHNOLOGY.

Personal Data

Name _____ Last
First Middle Other

Address _____
Street Apt. No. City State Zip

Home phone: _____ Other Phone: _____
 E-mail: _____

Are you a U.S. Citizen? ___ Yes ___ No

If No, and you are permitted to work in the U.S., complete the following:

Visa Classification: _____

Alien Registration Number: _____

Passport Number: _____

Expiration Date: _____

Have you ever been convicted of a crime, excluding misdemeanor? _____ Yes
 _____ No

If yes, please explain:

Have you ever applied for admission to Baptist Hospitals of Southeast Texas School of Radiologic Technology? ___ Yes ___ No

Please read the section on "Technical Standards" contained in your information packet. Do you have any physical limitations that would prevent you from performing any of the duties listed? ___ Yes ___ No

If yes, explain: _____

Due to our participation with the Veterans Administration pertaining to student funding.....

Have you ever served in the Armed Forces? ___ Yes ___ No

If yes, Date Entered _____ Date Discharged _____

Branch of Service _____ Type of Discharge _____

Special Training _____

Are you a member of?

_____ National Guard _____ Reserve Unit _____ Active

_____ Inactive _____ Summer Camp Obligation

Education and Skills

Circle Highest Level of School Completed: 9 10 11 12 13 14 15 16

If you did not complete high school, do you have a GED? _____

Have you ever attended any school of Radiologic Technology? _____ yes _____ no

Name and Dates	School Attended	Degree or Certification
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High School _____

College/University _____

College/University _____

Business/Trade School _____

Other/Special Training _____

License/Certification _____ Lic. /Cert. Number _____
 (Non-Professionals) _____ Number _____

Expiration Date _____

Special Awards: (High School, College, Civic Etc.)

Organizations: (Indicate membership or participation)

References: (Other than family)

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you find out about the School of Radiologic Technology?

NOTE: Return application with High School and College transcripts. All documents submitted become permanent records of the school and will not be returned.

Mailing address: Baptist Hospitals of Southeast Texas-Radiology School
 P.O. Drawer 1591 Beaumont, TX 77704

*******READ CAREFULLY BEFORE SIGNING THIS APPLICATION*******

I hereby certify that all information included on this application is true and correct to the best of my knowledge and belief and do hereby authorize any and all investigations deemed necessary by this facility to verify the information contained herein and necessary qualifications for the position for which I am applying. I further understand and agree that any false statements or material omissions on this application may result in discontinuance of further consideration of my application or immediate dismissal from the educational program.

_____ **Date**

_____ **Signature of Applicant**

_____ **Printed Name of Applicant**