## \*APPLICATION\* BAPTIST HOSPITALS OF SOUTHEAST TEXAS SCHOOL OF RADIOLOGIC TECHNOLOGY BEAUMONT, TEXAS

Application and the admission process must be completed 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					
AddressStreet	Apt. No.	City	State	Zip	
Home phone: E-mail:					
Are you a U.S. Citizen If No, and you are perr Visa Classification: Alien Registration Num Passport Number: Expiration Date:	? Yes mitted to work in hber:	No n the U.S.,		ollowing:	
Have you ever been co	onvicted of a cr				
Have you ever applied	for admission	to Baptist H	lospitals of So		
Please read the section you have any physical listed? Yes If yes, explain:	n on "Technica limitations that No	l Standards would prev	" contained in ent you from p	performing a	ny of the duties
Due to our participation Have you ever served If yes, Date Entered Branch of Service Special Training	in the Armed F	orces? Date D	Yes		ent funding
Are you a member of? National Guard Inactive	dRe Su	serve Unit mmer Cam	p Obligation	Active	

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Circle Highest Level of School Comple	ted: 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	Techno	ology	?	ye:	S	no			
Name and Dates School Attend	led				Degre Certific	e or cation				
High School										
College/University										
College/University										
Business/Trade School										
Other/Special Training										
License/Certification	Li	c. /Cer	t. Nur	nber						
(Non-Professionals) Expiration Date	N	umber						<del></del>		
Special Awards: (High School, Colle	<u>—</u> ege, Civic E	tc.)								
Organizations: (Indicate me	embership (	or parti	icipati	on)						
References: (Other than family)	)			)h a a a	Nima	h				
Name Address 1			_ _	none	Num	ber				
2 3.			_							
How did you find out about the School	of Radiolog	ic Tec	hnolo	gy?						
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 P.O. Drawer 1591				liolog	y Scho	ool				
*****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	Signatur	e of A	pplica	ant						
	Printed N	Name (	of Ap <sub>l</sub>	plica	nt					

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