

# STANDARDIZED APPLICATION FORM

APPLICATION DEADLINE: December 1<sup>st</sup>

Application period: August 1<sup>st</sup> through December 1<sup>st</sup>

Email completed form to: lmoore@bhs1.org

Applicants for positions at the School of Medical Laboratory Science are considered without regard to race, color, creed, religion, sex, sexual orientation, gender identity, marital status, result of genetic testing, age, national origin, disability, status as a veteran, Vietnam era veteran, or being a member of the reserves or National Guard.

## Please type or print

### A. General Information:

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_  
(Last) (First) (Middle Int.)

2. E-mail address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ (optional) Home Phone (land line): \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

4. School Address (if applicable): \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

5. Mail all correspondence to (please check one): Permanent: \_\_\_\_\_ School: \_\_\_\_\_

6. In case of emergency, please contact: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Telephone)

7. Are you a US citizen? \_\_\_\_\_ if not, what type of VISA? \_\_\_\_\_

### B. Education:

8. Please list all colleges/universities you have attended.

(Official college/university transcripts from each institution must be sent to the School of Medical Laboratory Science)

**\*\*\*All prerequisite course work must have been completed within the last 10 years**

NAME	ADDRESS	MAJOR	YEARS ATTENDED	DEGREE/DATE
a.				
b.				
c.				
d.				

9. List science/math courses currently in progress or planned prior to your graduation:

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

10. List activities/Honors: \_\_\_\_\_

\_\_\_\_\_

11. Are you presently certified in a clinical laboratory science? \_\_\_\_\_

If so, what agency/category? \_\_\_\_\_

12. Briefly describe your clinical laboratory experience: \_\_\_\_\_

\_\_\_\_\_

**C. Employment:**

13. List employment, including summer or volunteer work you have held in the past few years:

	EMPLOYER	NATURE OF WORK	EMPLOYMENT DATES
a.			
b.			
c.			

Have you ever been discharged from or disciplined by a former or current employer? \_\_\_\_ Yes \_\_\_\_ No

If yes, for what reason(s)? \_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_

**14. U.S. Military Service:**

Branch of Service	Date Entered	Date Separated	Type of Discharge
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Nature of duties and special training received:  
\_\_\_\_\_  
\_\_\_\_\_

**D. References:** Please return under separate cover.

15. Please list three. Suggested sources: 1) college professor or laboratory instructor 2) current or former employer ( preferred)  
3) your academic advisor

	NAME	TITLE	ADDRESS
1.			
2.			
3.			

For the upcoming interview process, what day(s) of the week best fit into your academic/work schedule?  
(Check all that apply). Interviews are only available Monday – Friday 7:30 am – 2:00 pm.

MON:\_\_\_ TUES:\_\_\_ WED:\_\_\_ THURS:\_\_\_ FRI:\_\_\_

**Read carefully before signing**

I give permission to Berkshire Health Systems to investigate all pertinent information concerning my application in order to determine my qualifications for the School of Medical Laboratory Science. I understand that falsification, misrepresentation or omission of facts called for in this application may result in denial of entry into the program or immediate dismissal.

I agree to be photographed by Berkshire Health Systems following acceptance into the clinical training program.

I understand that any offer made to me by Berkshire Health Systems is conditional based on satisfactory results of a background check, references, drug testing and physical examination given by medical personnel approved by Berkshire Health Systems and to undergo such an examination in the event I am offered the clinical training program by Berkshire Health Systems. I also agree to take a physical examination at such other times as required by Berkshire Health Systems during the period of my internship.

I agree that any personal property carried by me from Berkshire Health Systems premises, including packages, briefcases or other hand carried items may be inspected by authorized personnel.

If accepted into the School of Medical Laboratory Science by Berkshire Health Systems, I agree to comply with all Berkshire Health Systems rules and regulations as they may be changed from time to time. I understand that neither this application nor any other Berkshire Health Systems document constitutes personal contract of clinical training.

In the event that I decide to leave Berkshire Health Systems, I agree to give the medical center proper notice of resignation. In the event of resignation or termination, I agree to return all Berkshire Health Systems property loaned to me such as identification badges, keys etc.

I understand that any offer of clinical training made to me by Berkshire Health Systems is conditioned on my submission of satisfactory proof of my legal eligibility to work or train in the United States.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

My signature indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as a consent for the medical center to request any information concerning my application.

**IMPORTANT:** The student must refer to the specific program brochures, website and admission policies for additional application requirements.