

ThedaCare School of Radiologic Technology
Program Application

PRINT THIS APPLICATION AND COMPLETE ALL FIELDS

Section One: Contact Information	
Name (First Middle Last)	Applicant Cell Phone (with area code)
Address	Emergency Contact Name and Number
City/State/Zip	Email address
Social Security Number: (for HR purposes only)	Other name(s) you have used?
How were you referred to us?	Are you a current ThedaCare employee? If so, where is your home base?
Section Two: Application Fee	
<p>A one-time \$30.00 processing fee is required and should be included with your application. You are also required to watch the informational video presentations found on our website. These will help you understand what skills and attributes are required for applicants along with job shadow opportunities.</p> <p style="text-align: center;">Completed applications can be sent to: ThedaCare School of Radiologic Technology PO Box 2021 130 Second Street Neenah WI 54957-2021</p> <p>ALL APPLICATION DOCUMENTS SHOULD BE MAILED IN THE SAME ENVELOPE WHICH INCLUDES THE THREE SEALED LETTERS OF REFERENCE AND TRANSCRIPTS</p>	
Section Three: Educational Background	
Please provide an official copy of any and all high-school and post-secondary transcripts but list the following information:	
<u>High School</u>	
Name and Location: _____	
Major Subject Studied: _____	
Certification, Degree or Diploma earned: _____	
<u>Technical or Professional:</u>	
Name and Location: _____	
Major Subject Studied: _____	
Certification, Degree, or Diploma earned: _____	

College or University:

Name and Location: _____

Major Subject Studied: _____

Certification, Degree or Diploma earned: _____

Section Four: Activities

Your responses to inquires about organizations and activities should not include those which are revealing as to race, creed, color, national origin or ancestry.

List the scholastic honors, offices held and activities in high school: _____

List the scholastic honors, offices held and activities in college: _____

If you did not graduate, why did you leave school or college? _____

List any prior volunteer activities along with hours spent: _____

Section Five: General Information

Please attach an essay that describes how you got your interest in Radiologic Technology and the skills and aptitudes that you feel qualify you for a position within the ThedaCare program. (You may wish to include civic and community activities, hobbies, sports, special training, medical terminology, and the like).

Section Six: Employment Record

Please list your three most recent employers:

Company #1

Name/Address/Phone: _____

Dates Employed (month/year): _____ Job Title/Duties: _____

Reason for leaving: _____

Supervisor Name: _____ May we contact? _____ YES _____ NO

Company #2
 Name/Address/Phone: _____
 Dates Employed (month/year): _____ Job Title/Duties: _____
 Reason for leaving: _____
 Supervisor Name: _____ May we contact? _____ YES _____ NO

Company #3
 Name/Address/Phone: _____
 Dates Employed (month/year): _____ Job Title/Duties: _____
 Reason for leaving: _____
 Supervisor Name: _____ May we contact? _____ YES _____ NO

Section Seven: Letters of Recommendation

This 2-page form is to be dispersed to 3 individuals that can assess your work ethic, professional abilities, and/or your scholastic abilities. **NO** personal endorsements can be accepted. The letters must be received by program in a signed and sealed envelope and included with the program application. Please provide the necessary materials for your letters. It is strongly encouraged that applicants complete this process well before the application deadline. Letter is found at end of application packet.

Section Eight: Eligibility for Professional Certification upon completion of program

Candidates must be of good moral character. If candidate has a prior conviction, whether it is a felony or misdemeanor, an ARRT ethics review is required in order to be eligible to take certification examination. This is recommended prior to application and [ARRT Ethics](#) link is provided.

Section Nine: Authorization

I certify that all statements made by me on this application are true and complete; to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that, if accepted, false statements on this application shall be considered sufficient case for dismissal. Unless otherwise indicated, you are authorized to contact individuals for information concerning my employment, character, ability, and experience. I release all such individuals or entities from any liability in connection with the providing of such information. I also understand that my acceptance is contingent upon satisfactory completion of a drug screening, caregiver background check, and further examinations as may be required. I also understand that if accepted, that acceptance is not binding on either the hospital or me for any specific period of time. I further understand there is no discrimination in the acceptance of applicants based on sex, race, religion, age, or handicap.

Signature of Applicant: _____ Date: _____

- Have you?
- Included processing fee?
 - Essay from section 5?
 - Distributed and received back your 3 letters of recommendation?
 - Included all your transcripts?

Letter of Recommendation for
ThedaCare School of Radiologic Technology
PO BOX 2021
130 Second Street
Neenah WI 54957-2021

THIS SECTION IS TO BE FILLED OUT BY APPLICANT

Applicant Name: _____ DOB: _____

Address:

Street	City	State/Zip
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Cell Phone# (with area code): _____ Alternate #: _____

This is an (please circle): Academic Recommendation Professional Recommendation

Applicant Signature: _____ Date: _____

THIS SECTION IS TO BE FILLED OUT BY PERSON WRITING RECOMMENDATION

Name: _____ Date: _____

Title and Place of Employment:

Address:

Street	City	State/Zip
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How long have you known the applicant: _____ Years _____ Months

In what capacity? (Please check one)

_____ Academic _____ Professional/Employment

Please give your evaluation of the quality of work by this individual using the preceding section. Please consider the applicants ability to handle responsibility; intellectual capability; problem-solving ability; consciousness in completing assignments; personality; and cooperation and use space below to comment on or attach a separate letter.

THIS SECTION IS TO BE FILLED OUT BY PERSON WRITING RECOMMENDATION				
Professional Qualities	Excellent	Good	Average	Poor
Problem-solving skills				
Ability to work with others				
Attendance/Punctuality				
Attitude				
Conscientiousness				
Effectiveness in written expression				
Manner and poise				
Motivation				
Self-starter				
Leadership ability				
Maturity				
Self-confidence				
Judgment				
Overall potential				

This letter of recommendation is for the ThedaCare School of Radiologic Technology. Please indicate your opinion about the following statement:
 “ The applicant has the potential to become an effective healthcare worker”

Strongly Agree: _____ Agree: _____
 Disagree: _____ Strongly Disagree: _____

Signature: _____ Date: _____