

Community Service / Health Care Experience

List all community service or health care experience beginning with most recent. Be specific in number of contacts, hours per contact, and years of service or experience provided when applicable.

Service/Experience	Organization/Address/Contact Person/ Telephone	Ave Hr/Wk	No. of Years

Performance Standards

	Yes	No
I have reviewed a copy of the School of Radiography’s Performance Standards and Work Capacity.		
I have the abilities required to perform the Performance Standards and Work Capacity satisfactorily.		

Criminal History

In accordance with Michigan State Law for positions that regularly provide direct services to patients, Marquette General Health System School of Radiography reserves the right to deny admission to anyone who has been convicted of a crime (misdemeanor or felony) or is pending a criminal charge (excluding minor traffic violations.) It is also understood that conviction of a felony may be grounds for denial of eligibility to complete the ARRT licensure examination.

	Yes	No
Have you ever been convicted of a misdemeanor or felony?		
Have you contacted the ARRT for pre-application review?		

I hereby certify that all information provided for the purpose of application is true and correct to the best of my knowledge. I understand that if I knowingly provide false or misleading statements during the application process, I may prevent my acceptance or be cause for my dismissal from the School of Radiography.

I hereby authorize Marquette General Health System School of Radiography to investigate my past records and to ascertain any and all information, which may concern my record and character; and release my present and past employers, references, and all persons whomsoever from any damages because of furnishing said information.

I hereby authorize the School of Radiography’s Admission Committee the right to view my application for the purpose of determining my qualifications for acceptance.

If I agree to accept my appointment into Marquette General Health System School of Radiography I will abide by all Health System and Program policies and regulations.

Signature _____ **Date** _____

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Marquette General Health System School of Radiography is committed to equal opportunities for all applicants. Our policy is to select student radiographers on the basis of individual merit and ability without discrimination of race, age, color, religion, sex, national origin, disability, veteran’s status, height, weight, marital status, sexual orientation, or gender identity; thus all matters pertaining to the recruitment and education of our students will be free of discriminatory practices.