

# Admission Application

## Allied Health Programs



**St. John's  
Hospital**  
800 E. Carpenter  
Springfield, IL 62769

TO THE APPLICANT: The information recorded in this application blank becomes the basis of a student file and is needed for specific purposes in the selection process and for statistical studies and surveys. Please type or print legibly. Please place a check beside the school for which you are applying and send the \$15 application fee:

School of Clinical Laboratory Science     School of ENDT     School of Respiratory Care

Last Name: (Are there any other names under which you have worked?)	First:	Middle:
Present Address:		Telephone No.:
Street	City	State
		Zip
Permanent Address:		Telephone No.:
Street	City	State
		Zip
List High School, Junior Colleges, Colleges and Universities attended - most recent first.		
NAME, CITY AND STATE	DATES ATTENDED	NUMBER OF HOURS COMPLETED OR DEGREE
List any medically-related training or certificates, i.e. CPR, EMT, CNA etc.		

Please list the last three work experiences. List each job title and identify responsibilities for each job title. Begin with the most recent.

Name, Address & Phone Number Of Employer	From	To	Immediate Supervisor	Hours Per Week
Paid or voluntary experience (circle one)				
Job Title(s)	Responsibilities			
Name, Address & Phone Number Of Employer	From	To	Immediate Supervisor	Hours Per Week
Paid or voluntary experience (circle one)				
Job Title(s)	Responsibilities			
Name, Address & Phone Number Of Employer	From	To	Immediate Supervisor	Hours Per Week
Paid or voluntary experience (circle one)				
Job Title(s)	Responsibilities			



Have you been convicted of a felony? If yes, please explain.  Yes  No

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Please list the names of the individuals, employers and instructors, who will complete the Letter of Recommendation forms:

Name & Title:

Address:

Phone Number:

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Name & Title:

Address:

Phone Number:

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Name & Title:

Address:

Phone Number:

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I hereby certify that the information contained in this application form is true and correct. I understand that if selected for the program, misrepresentation of the facts stated or implied on this application form is sufficient cause for disqualification from selection or dismissal from the program.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature