

Hendrick Medical Center
School of Radiography
1900 Pine Abilene, TX. 79601
325-670-2364

Full name _____
Last First Middle

Local Address _____
Address City/State Zip Phone

Permanent Address _____
Address City/State Zip Phone

E-mail Address _____

Are you at least 17 years of Age? Yes ___ No ___ Are you a United States Citizen? Yes ___ No ___

Emergency Contact:

Name Address City/ State Zip Relationship Phone

Schools attended beginning with High School _____ or GED _____:

Name of School	City/ State	Date of Entrance	Date of Leaving	Diploma Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

An Associate Degree is required prior to matriculation for the school.

Have you completed a degree? Yes ___ No ___ In progress ___ Projected Graduation date _____

Have you completed these courses? Math ___ English ___ Anatomy/Physiology ___ Medical Terminology ___

Official transcripts are required and must be submitted with the application.

Have you ever made application to this school? Yes ___ No ___ If yes, when _____

Have you had any patient care experience? Yes ___ No ___

If yes, where: _____

References other than relatives: (Note: References will be checked - addresses and email must be complete) Three are required, no more than five. Minimum of two (2) need to be professional and one (1) personal. Professional references may be from: Supervisor, Professor/Teacher, Clergy, or Healthcare Professional

Name	Address	City/State	Zip	Email address
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Name	Address	City/State	Zip	Email address
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Name	Address	City/State	Zip	Email address
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Employment References: (Note: References will be checked. Provide Supervisors Name, Complete Addresses)

Name	Address	City/State	Zip	Email address
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Name	Address	City/State	Zip	Email address
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Why Radiography (Attach additional pages if needed) _____

Hendrick conducts criminal history investigations as a part of the application process, and checks applicant records for convictions, guilty pleas or nolo contendere, probation and deferred adjudication. Criminal history investigations are required by law for some positions and are considered a business necessity for others positions. Your signature on this application constitutes your consent for Hendrick to perform a criminal history investigation to verify the information you provide below. Any false information, misrepresentations or omissions regarding criminal history may result in the rejection of your application.

Have you ever pled guilty or nolo contendere, been convicted of, received probation, deferred adjudication or pretrial diversion for any criminal offence, other than minor traffic citations? ___ Yes ___ No

A YES answer will NOT necessarily void application

If yes, provide information on criminal offense, date, location (city & state) and disposition on a separate page.

I certify that the preceding statements are true and correct:

Signature _____ Date: _____

Return application to:	School of Radiography	Class for which you are applying - summer, ___ fall, ___
	Hendrick Medical Center	Year Year
	1900 Pine	Preferred clinical site (number in order if selecting more than one):
	Abilene, TX 79601-2432	Abilene ___ Brady ___ Brownwood ___
		Comanche ___ Eastland ___ San Angelo ___
		Snyder ___ Sweetwater ___

Application reviewed 10/26/2022