Cleveland Clinic
Mercy Hospital

# Sonography School Application

Name _____
First Middle Last

Address: _____

City, State, ZIP:_____ County:_____

Telephone: _____

Cell Phone/Alternate Number: _____ E-Mail Address:_____

If you lived in another state within the last five (5) years, please provide the address:_____

_____

_____

For checking prior records, provide other names under which you have worked: _____

_____

Do you have any relatives presently working for Cleveland Clinic Mercy Hospital?

❑ No ❑ Yes If so, who?_____

Are you at least 18 years of age? ❑ Yes ❑ No

Are you legally permitted to be employed in the United States? ❑ Yes ❑ No

*It is the Cleveland Clinic Mercy Hospital's policy that it will comply with the provisions of Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act (ADEA), Ohio Revised Code 4112.02(A), and Title II of the Genetic Information Nondiscrimination Act (GINA), and the Regulations issued thereunder, and that this policy will be administered and will continue to be conducted in such a manner that no person will be excluded from participation in, be denied the benefits of, or be subjected to discrimination under such program on the grounds of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, national origin, genetic information, or any other characteristic protected by law.*

Have you ever been fired or asked to resign? ❑ Yes ❑ No If yes, explain and give dates _____

_____

Have you since the age of 18, been convicted of any crime, including misdemeanors and traffic violations? *(A conviction itself does not constitute automatic bar to employment)* ❑ Yes ❑ No If yes, please list month/year, county and nature of offense _____

Have you ever been excluded from participation in any healthcare payment program funded in whole or in part by the Federal or a state government including, but not limited to, Medicare and Medicaid? ❑ Yes ❑ No If yes, please explain _____

| Professional License/Certification/Registration | Number | Issuing State | Expiration Date |
|---|---|---|---|
| | | | |
| | | | |

| Education | School Name and Location | Years Completed | Graduate ? Yes/No | Degree/Course |
|---|---|---|---|---|
| High School/ GED | | | | |
| College/ University | | | | |
| Other | | | | |

Honors/Awards received: _____

**Current Employment** *(Including a resume is encouraged; please complete even if including a resume)*

Current Company: _____

Address: _____

City, State, ZIP:_____

Supervisor Name: _____ Phone: _____

Dates of employment: From_____To_____ Position Title: _____

❑ Full-time ❑ Part-time ❑ Other _____

Job Duties_____

Reason for leaving _____

If currently employed, may we contact your employer for a reference? ❑ Yes ❑ No

**Previous Employment**

*Please list in order of most recent for the past ten years and include military assignments and volunteer experience.*

Company: _____

Address: _____

City, State, ZIP:_____

Supervisor Name: _____ Phone: _____

Dates of employment: From_____To_____ Position Title: _____

❑ Full-time ❑ Part-time ❑ Other_____

Job Duties_____

Reason for leaving _____

Company: _____

Address: _____

City, State, ZIP:_____

Supervisor Name: _____ Phone: _____

Dates of employment: From_____To_____ Position Title: _____

❑ Full-time ❑ Part-time ❑ Other_____

Job Duties_____

Reason for leaving _____

Company: _____

Address: _____

City, State, ZIP:_____

Supervisor Name: _____ Phone: _____

Dates of employment: From_____To_____ Position Title: _____

❑ Full-time ❑ Part-time ❑ Other_____

Job Duties_____

Reason for leaving _____

**Applicant Acknowledgement of Terms and Conditions of Application**

I certify that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection of this application form, withdrawal of an offer of studentship, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision whether to accept me.

I understand that meeting application requirements does not guarantee admission into the program.

I authorize Cleveland Clinic Mercy Hospital to use all legal means at its disposal to assess my suitability. I understand and agree that Cleveland Clinic Mercy Hospital, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure. I also understand and agree that a criminal background check will be completed as part of this assessment process.

I understand also, that if I become a student at Cleveland Clinic Mercy Hospital, the first month (30 days) shall be considered a probationary period. As a student, I agree to abide by all rules and regulations of Cleveland Clinic Mercy Hospital.

I understand and agree with the fact that Cleveland Clinic Mercy Hospital maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace, employees, and patients, and that I will be required to undergo a post offer medical examination, including, but not limited to, drug and/or alcohol screening and testing. I also understand and agree that the criminal background check may include a fingerprinting requirement for some Cleveland Clinic Mercy Hospital positions. I understand and agree that I will be subject to such testing during the course of my studentship, and I specifically agree not to oppose in any fashion such testing. I understand that, subject to applicable law, Cleveland Clinic Mercy Hospital shall be the sole judge of the acceptability of any test results. Failure to sign a consent form or cooperate with the testing procedure will result in termination of the hiring process or termination of my student offer.

I further understand that Cleveland Clinic Mercy Hospital is a “smoke free” environment and as such, smoking is prohibited by patients, visitors, employees, and physicians throughout the interior and exterior premises.

I may be required to rotate weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of studentship.

_____

Signature of Applicant Date