

STANDARDIZED APPLICATION FORM

Please Type - Respond to all questions

Last Name	First Name	Middle	Today's Date	
E-mail Address				
Current Address - Street			City	State Zip
Permanent Address - If different			Message Phone-Area Code	
Alternate Last Name			Alternate Phone	
NEW APPLICATION []			REAPPLICATION []	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			Perm. Resident Visa #: _____	
Applying for Clinical Training			Specialty Discipline	
Med. Tech. Trainee []			Clinical Specialty []	
Do you have or have you applied for a California Clinical Laboratory Technologist Trainee License? or Clinical Specialty License? Yes [] No []				
License Number	Type	Expiration Date	If pending, give date application started	
In case of emergency:	Last Name		First Name	
	Address - Street		City	
	State		Phone - Include Area Code	
	Zip			
Type of School	School Name and Address		Major Subject	Degree
Jr. Col. Col. Univ				Attended From (mo/yr) to (mo/yr)
1				
2				
3				
4				
5				
6				
OVERALL GPA		SCIENCE GPA		Has your GPA improved during the last two years of college? Yes [] No []
List all academic honors, extracurricular activities, and hobbies:				
REFERENCES: Please give the names, addresses, and telephone numbers of two science instructors and one former or current employer from whom letters of recommendation will be received.				
1.				
2.				
3.				

EMPLOYMENT HISTORY

Standardized Application Form Page 4			Applicant Name Application Date:		
Dates Employed	List Last Employer and/or volunteer positions first			Reason for Leaving	
From:	Firm Name	Job Title	Salary		
	To:	Street Address	Duties	Hours per week	
		City State Zip	Supervisor	Phone Number	
From:	Firm Name	Job Title	Salary		
	To:	Street Address	Duties	Hours per week	
		City State Zip	Supervisor	Phone Number	
From:	Firm Name	Job Title	Salary		
	To:	Street Address	Duties	Hours per week	
		City State Zip	Supervisor	Phone Number	
From:	Firm Name	Job Title	Salary		
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		City State Zip	Supervisor	Phone Number	
From:	Firm Name	Job Title	Salary		
	To:	Street Address	Duties	Hours per week	
		City State Zip	Supervisor	Phone Number	
From:	Firm Name	Job Title	Salary		
	To:	Street Address	Duties	Hours per week	
		City State Zip	Supervisor	Phone Number	
From:	Firm Name	Job Title	Salary		
	To:	Street Address	Duties	Hours per week	
		City State Zip	Supervisor	Phone Number	

I certify that the foregoing responses i have given to the questions asked are true and correct, and that any falsification or intentional omission will be cause for me not to be accepted into any clinical training program to which I am applying.

Date: _____

Signature: _____