

School activities and hobbies _____

EMPLOYMENT RECORD (list most recent first)

Employer	Address	Type of business	Dates employed	Reason for leaving

Please return the completed application along with:

- * A non-refundable application fee of \$25.00
- * Please make check or money order payable to *ACMH Hospital*. **Do not send cash.**
- * A short essay (no longer than 600 words) explaining why you have chosen Radiology as a career
- * Three letters of reference (These should include employers, instructors, guidance counselors, or professional colleagues. Do not use relatives or friends).
- * Mail to the address on the front of this form

My signature below indicates that I have read, I understand and I agree to the following:

I authorize any school official and any other person or organization having control of any information pertaining to me, or to my application for admission, to furnish the information to ACMH. I hereby release and exonerate any such school official or any other person or organization from any liability whatsoever in relation to compliance with a request for such information from ACMH. The above information is true and complete to the best of my knowledge. Falsification of information may mean non-acceptance or dismissal from the program.

Date _____ Signature _____