

## PHLEBOTOMY APPLICATION

### Personal Information

|                  |             |                 |
|------------------|-------------|-----------------|
| Last Name:       | First Name: | Middle Initial: |
| Mailing Address: |             |                 |
| City:            | State:      | Zip:            |
| Home Phone:      | Cell Phone: |                 |
| Email:           |             |                 |

### Criteria

|  |     |    |
|--|-----|----|
| Are you of 18 years of age or older?   | Yes | No |
| I understand that employment in the healthcare field as a patient professional is likely to require me to work directly with patients and customers in the healthcare system. I am willing and able to accept this type of employment. | Yes | No |
| I understand that this occupation requires the ability to perform precise work and maintain stamina, good physical condition, good health and personal hygiene.  | Yes | No |
| I understand that employment in healthcare is likely to require that I have no visible tattoos or piercings.   | Yes | No |
| I understand that clinical training and employment in a healthcare setting requires that I have a clean criminal background and that I can pass a drug test.   | Yes | No |

### Education History

|                          | Name of School/College Attended | Course of Study | Degree | Diploma/Degree Completed |    |
|--------------------------|---------------------------------|-----------------|--------|--------------------------|----|
| High School/GED Graduate |                                 |                 |        | Yes                      | No |
| Some College             |                                 |                 |        | Yes                      | No |
| Technical Training       |                                 |                 |        | Yes                      | No |
| Two Year Degree          |                                 |                 |        | Yes                      | No |
| Four Year Degree         |                                 |                 |        | Yes                      | No |
| Graduate School          |                                 |                 |        | Yes                      | No |

|  |     |    |
|--|-----|----|
| Have you earned any occupational licenses or certificates?<br>If yes, please list: | Yes | No |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Are you legally able to work in the United States?<br>If no, please explain: | Yes | No |
|--|-----|----|

|   |     |    |
|---|-----|----|
| Have you ever been convicted of a felony or misdemeanor?<br>If yes, please explain (include dates and details): | Yes | No |
|---|-----|----|

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In your own words, tell us why you have applied to the Phlebotomy Academy and how this training fits into your professional goals.

## References

Kalamazoo Valley will seek feedback from the references in this section to gain information related to:

- your ability and willingness to fulfill commitments you make
- your ability to communicate effectively with others and to work as a member of a team
- your positive attitude toward work

Provide the names, phone numbers and email addresses of at least two professional/work related and/or educational references. Kalamazoo Valley may also contact your former employers to gather feedback related to this application.

We recommend you:

- Inform your references in advance so that they can be prepared for our call or email.
- DO NOT list relatives. If you list a friend, they must be work related.

| Name | Phone Number | Email Address | Relationship | Years Known |
|------|--------------|---------------|--------------|-------------|
|      |              |               |              |             |
|      |              |               |              |             |
|      |              |               |              |             |
|      |              |               |              |             |

# PHLEBOTOMY APPLICATION

Employment History: List all the places you have been employed. Start with your present or most recent employer and continue listing all the places you have worked. Add additional pages, if needed. If you do not have employment history you can list internships and/or volunteer experiences.

|                              |                   |                |               |              |
|------------------------------|-------------------|----------------|---------------|--------------|
| Employer:                    | Phone:            |                |               |              |
| Immediate Supervisor:        | Supervisor Phone: |                |               |              |
| Address:                     |                   |                |               |              |
| City:                        | State:            | Zip:           |               |              |
| From:                        | To:               | \$             | Annual Salary | Hourly Wage: |
| Job Title/Position:          |                   | Hours per week |               |              |
| Duties and responsibilities: |                   |                |               |              |
| Reason for leaving:          |                   |                |               |              |

|                              |                   |                |               |              |
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How did you hear about this program?

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### Questionnaire

1. Please list five qualities you possess that would make you an ideal candidate for the Academy.

2. Briefly describe what you believe being a good patient care professional requires.

3. What would you do if you heard or witnessed a fellow employee physically or verbally abusing?

I affirm that all information provided by me to Kalamazoo Valley Community College is complete, true, and accurate to the best of my knowledge and belief. Such information contains no omissions, misrepresentations, or concealment of fact.

I am aware that all information given and statements provided during the application process are subject to investigation. I give my permission for Kalamazoo Valley Community College to contact my references and former employers to obtain additional information regarding my background for the purpose of responding to my request for admission to the Academy.

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PRINT FULL NAME

SIGNATURE

DATE

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Additional space for question answers. Please reference appropriate question number.