

**CAMC
SCHOOL OF CYTOTECHNOLOGY
APPLICATION**

CAMC Health Education and Research Institute

CAMC School of Cytotechnology
3200 MacCorkle Ave., SE
Charleston, WV 25304
Phone: (304) 388-8235
Fax: (304) 388-9833

The application must be completed in its entirety to be processed. Please print.
Applicants must be employable by Charleston Area Medical Center.

1. For the Record

Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Visa Classification if not a U.S. Citizen: _____

Social Security Number: _____

Have you ever been convicted of a felony? Yes No

Home Telephone: _____

Work Telephone: _____

Other Telephone: _____

E-mail: _____

Are you licensed to drive a car? Yes No

2. Education

	Name & Address of School	Major & Minor	Date degree received	GPA
College				
Graduate School				
Business or Trade School				
Other				

Specify Degree AD BS MS PhD Other: _____

3. Employment History

List last three jobs beginning with the most recent.
Complete addresses and phone numbers are required.

Employer Name: _____

Supervisor Name: _____

Address: _____

Your Position: _____

Your Duties: _____

Part time Full time

Salary: _____

Date of employment: _____ to _____

Reason for leaving: _____

Employer Name: _____

Supervisor Name: _____

Address: _____

Your Position: _____

Your Duties: _____

Part time Full time

Salary: _____

Date of employment: _____ to _____

Reason for leaving: _____

Employer Name: _____

Supervisor Name: _____

Address: _____

Your Position: _____

Your Duties: _____

Part time Full time

Salary: _____

Date of employment: _____ to _____

Reason for leaving: _____

6. Signature

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions. I understand that any misrepresentation in my application will be sufficient cause for cancellation of the application and/or separation from the Company. I authorize and release from liability or responsibility all persons, companies, schools and municipalities supplying any information regarding me whether or not it is a matter of record. I voluntarily give the Company permission to make a thorough investigation of my past employment and all other facts stated above. I further understand that the school may terminate me at any time without statement or reason, and I may quit the school for any reason. No contrary agreement has been made to me. I further realize that acceptance to the CAMC School of Cytotechnology cannot be finalized until reference information and medical examination has been completed. The medical examination may involve screening for drugs and alcohol.

Signature of Applicant: _____ Date: _____

Thank you for applying to the CAMC School of Cytotechnology.