



Suburban Hospital School of Phlebotomy Application

Instructions: Applications completed online can be emailed to klockard@suburbanhospital.org.
 If completing application by hand, please print clearly in ink and submit to Human Resources Department, via walk-in, mail, or fax: 301-897-1339, Attention: Katherine Lockard.

Term	
<input type="checkbox"/> Fall 2009	<input type="checkbox"/> Winter 2009
<input type="checkbox"/> Spring 2009	<input type="checkbox"/> Summer 2009

Contact Information	
Name	
Social Security Number	
Street Address	
City ST ZIP Code	
County of Residence	
Home Phone	
Work Phone	
E-Mail Address	

Most Recent Employment Information		
Name of Company		
Current Position		
Length of Employment	Years	Months
Supervisor Name		
Street Address		
City ST ZIP Code		
Work Phone		
E-Mail Address		

Suburban Hospital School of Phlebotomy Application Continued

High School/GED Information	
If you have not yet graduated, will you be graduating from High School?: <input type="checkbox"/> Yes <input type="checkbox"/> No When:	
Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
Name of School	
Street Address	
City ST ZIP Code	
Dates Attended	
Graduation Date	

College Information	
Name of School	
Street Address	
City ST ZIP Code	
Dates Attended	
Graduation Date	

Character Reference Information		
Three References are required. You may include employers, teachers, guidance counselors, friends, associates, or clergy. Do not list relatives.		
Name	Address	Phone Number
1.		
2.		
3.		

Suburban Hospital School of Phlebotomy Application Continued

Criminal Background Information

Have you ever been convicted of a crime? Yes No

If yes, explain:

Applicants Statement

I certify that the information on this application is correct and complete. (I understand that falsification may result in dismissal and/or retroactive adjustment of tuition and fees.) If admitted, I agree to abide by policies and procedures of Suburban Hospital. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in the Suburban Hospital's School of Phlebotomy Program.