

# Aultman School of Surgical Assisting Application Form

## PERSONAL DATA

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEAMENOR?

YES: \_\_\_\_\_

NO: \_\_\_\_\_

## EDUCATION

GIVE NAMES AND COMPLETE ADDRESSES OF ALL SCHOOLS ATTENDED

**HIGH SCHOOL** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DID YOU GRADUATE? YES \_\_\_\_\_ NO \_\_\_\_\_

**COLLEGE** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DID YOU GRADUATE? YES \_\_\_\_\_ NO \_\_\_\_\_

**COLLEGE** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DID YOU GRADUATE? YES \_\_\_\_\_ NO \_\_\_\_\_

We accept applications on a year-round basis. However, the application deadline is March 1st if you wish to be considered for the program beginning in August.

**PROFESSIONAL LICENCES, REGISTRATIONS, AND /OR CERTIFICATIONS**

TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_ NO. \_\_\_\_\_

TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_ NO. \_\_\_\_\_

**EMPLOYMENT**

**LIST ALL EMPLOYMENT AND REASONS FOR LEAVING. START WITH YOUR MOST RECENT EMPLOYMENT**

<p>FROM TO MO YR. MO YR.</p>	<p><b>Employer</b> <b>Supervisor</b> <b>Position</b></p>
	<p><b>Address</b> <b>Phone</b> <b>Salary</b></p>
	<p><b>City, State, Zip</b></p>
<p>FROM TO MO YR. MO YR.</p>	<p><b>Employer</b> <b>Supervisor</b> <b>Position</b></p>
	<p><b>Address</b> <b>Phone</b> <b>Salary</b></p>
	<p><b>City, State, Zip</b></p>
<p>FROM TO MO YR. MO YR.</p>	<p><b>Employer</b> <b>Supervisor</b> <b>Position</b></p>
	<p><b>Address</b> <b>Phone</b> <b>Salary</b></p>
	<p><b>City, State, Zip</b></p>

**CERTIFICATION STATEMENT**

I HEARBY CERTIFY THAT THE ANSWERS TO ALL THE QUESTIONS AND STATEMENTS IN THIS APPLICATION ARE CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISINTERPRETATIONS, OR OMISSIONS MAY BE CAUSE FOR IMMEDIATE DISMISSAL. I AUTHORIZE THE COMPANIES, SCHOOLS, OR ANY PERSON HAVING KNOWLEDGE OF, TO GIVE INFORMATION REGARDING MY EMPLOYMENT OR EDUCATION TO AULTMAN HOSPITAL SCHOOL OF SURGICAL ASSISTING.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

THE AULTMAN HOSPITAL POLICY OF EQUAL OPPORTUNITY IS TO PROTECT THE HUMAN RIGHTS OF ALL EMPLOYEES, STUDENTS, APPLICANTS, AND PATIENTS. OUR CONTINUING PLAN OF AFFIRMATIVE ACTION SEEKS TO IT THAT NO PERSON WILL BE DENIED OR GIVEN ADVANTAGE, FACILITY, PRIVILEGE, OR BE DISCRIMINATED AGAINST IN ANY WAY BECAUSE OF RACE, RELIGION, NATIONAL ORIGIN, DISABILITY, AGE, ANCESTRY, SEX, OR VETERAN STATUS.

**Please mail the completed form to:**

**Dan Hill CSA  
Aultman Hospital School of Surgical Assisting  
2600 Sixth St., S.W.  
Canton, OH 44710**

# AULTMAN HOSPITAL SCHOOL OF SURGICAL ASSISTING APPLICANT REFERENCE FORM

Name of Applicant \_\_\_\_\_

We would appreciate if you would take a moment to answer some questions about this individual. The purpose is to help us evaluate this applicant's suitability for our educational program. All comments will be held in **strictest confidence**. Thank you for your time.

1. How long have you known the applicant? \_\_\_\_\_ Dates \_\_\_\_\_

2. In what capacity do you know the applicant? \_\_\_\_\_

For the following items, please rate the applicant. (1=lowest rating up to 5=highest rating)

- |                            |                                     |
|----------------------------|-------------------------------------|
| _____ work habits          | _____ interpersonal skills          |
| _____ study habits         | _____ honesty                       |
| _____ attendance           | _____ compassion                    |
| _____ attitude             | _____ ability to follow instruction |
| _____ work quality         | _____ ability to accept criticism   |
| _____ work quantity        | _____ integrity                     |
| _____ communication skills | _____ empathy for others            |

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Mail completed form to:  
Aultman Hospital School of Surgical Assisting  
C/O Dan Hill CSA  
2600 Sixth St SW  
Canton OH 44710

**AULTMAN HOSPITAL SCHOOL OF SURGICAL ASSISTING  
APPLICANT REFERENCE FORM**

**Name of Applicant** \_\_\_\_\_

We would appreciate if you would take a moment to answer some questions about this individual. The purpose is to help us evaluate this applicant's suitability for our educational program. All comments will be held in **strictest confidence**. Thank you for your time.

1. How long have you known the applicant? \_\_\_\_\_ Dates \_\_\_\_\_

2. In what capacity do you know the applicant? \_\_\_\_\_

For the following items, please rate the applicant. (1=lowest rating up to 5=highest rating)

- |                            |                                     |
|----------------------------|-------------------------------------|
| _____ work habits          | _____ interpersonal skills          |
| _____ study habits         | _____ honesty                       |
| _____ attendance           | _____ compassion                    |
| _____ attitude             | _____ ability to follow instruction |
| _____ work quality         | _____ ability to accept criticism   |
| _____ work quantity        | _____ integrity                     |
| _____ communication skills | _____ empathy for others            |

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Mail completed form to:  
Aultman Hospital School of Surgical Assisting  
C/O Dan Hill CSA  
2600 Sixth St SW  
Canton OH 44710

**AULTMAN HOSPITAL SCHOOL OF SURGICAL ASSISTING  
APPLICANT REFERENCE FORM**

**Name of Applicant** \_\_\_\_\_

We would appreciate if you would take a moment to answer some questions about this individual. The purpose is to help us evaluate this applicant's suitability for our educational program. All comments will be held in **strictest confidence**. Thank you for your time.

1. How long have you known the applicant? \_\_\_\_\_ Dates \_\_\_\_\_

2. In what capacity do you know the applicant? \_\_\_\_\_

For the following items, please rate the applicant. (1=lowest rating up to 5=highest rating)

- |                            |                                     |
|----------------------------|-------------------------------------|
| _____ work habits          | _____ interpersonal skills          |
| _____ study habits         | _____ honesty                       |
| _____ attendance           | _____ compassion                    |
| _____ attitude             | _____ ability to follow instruction |
| _____ work quality         | _____ ability to accept criticism   |
| _____ work quantity        | _____ integrity                     |
| _____ communication skills | _____ empathy for others            |

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Mail completed form to:  
Aultman Hospital School of Surgical Assisting  
C/O Dan Hill CSA  
2600 Sixth St SW  
Canton OH 44710