

VA New England Healthcare System (VISN 1) School of Medical Laboratory Science

APPLICATION FORM

APPLICATION DEADLINE: February 1st

Application period: Rolling

Email completed form to: Carleta.Maurice@va.gov

Applicants for positions at the School of Medical Laboratory Science are considered without regard to race, color, creed, religion, sex, sexual orientation, gender identity, marital status, result of genetic testing, age, national origin, disability, status as a veteran, Vietnam era veteran, or being a member of the reserves or National Guard.

Please type or print

A. General Information:

Date: _____

1. Name: _____

(Last)
(First)
(Middle Int.)
2. E-mail address: _____ Cell Phone: _____
 Home Phone (land line): _____
3. Permanent Address: _____

(Street)

(City)
(State)
(Zip Code)
4. School Address (if applicable): _____

(Street)

(City)
(State)
(Zip Code)
5. Mail all correspondence to (please check one): Permanent: _____ School: _____
6. In case of emergency, please contact: _____

(Name)

(Address)
(Telephone)
7. Are you a US citizen? _____

B. Education:

8. Please list all colleges/universities you have attended.

*****All prerequisite course work must have been completed within the last 10 years**

Official college/university transcripts from each institution must be mailed to: Carleta Maurice

Path and Lab Medicine Service 113, Rm C248, VA Connecticut Healthcare System, 950 Campbell Avenue, West Haven, CT 06516

NAME	ADDRESS	MAJOR	YEARS ATTENDED	DEGREE/DATE
a.				
b.				
c.				
d.				

9. List science/math courses currently in progress or planned prior to your graduation:

10. List activities/Honors: _____

11. Are you presently certified in a medical laboratory science? _____

If so, what agency/category? _____

12. Briefly describe your clinical laboratory experience: _____

C. Employment:

13. List employment, including summer or volunteer work you have held in the past few years:

	EMPLOYER	NATURE OF WORK	EMPLOYMENT DATES
a.			
b.			
c.			

Have you ever been discharged from or disciplined by a former or current employer? ____ Yes ____ No

If yes, for what reason(s)? _____

Date(s): _____

14. U.S. Military Service:

Branch of Service	Date Entered	Date Separated	Type of Discharge

Nature of duties and special training received:

D. References: Please return under separate cover.

15. Please list three. Suggested sources: 1) college professor or laboratory instructor 2) current or former employer 3) your academic advisor (if applicable)

	NAME	TITLE	ADDRESS
1.			
2.			
3.			

For the upcoming interview process, what day(s) of the week best fit into your academic/work schedule? (Check all that apply). Interviews are only available Monday – Friday 8:30 am – 2:00 pm.

MON:___ TUES:___ WED:___ THURS:___ FRI:___

Read carefully before signing

I give permission to VA New England Healthcare System to investigate all pertinent information concerning my application in order to determine my qualifications for the School of Medical Laboratory Science. I understand that falsification, misrepresentation or omission of facts called for in this application may result in denial of entry into the program or immediate dismissal.

I agree to be photographed by VA New England Healthcare System MLS program following acceptance into the clinical training program.

I understand that any offer made to me by VA New England Healthcare System MLS program is conditional based on satisfactory results of a background check, references, drug testing and physical examination approved by VA New England Healthcare System. I also agree to random drug testing as required by VA New England Healthcare System during the period of my internship.

If accepted into the School of Medical Laboratory Science by VA New England Healthcare System, I agree to comply with all hospital and VA New England Healthcare System MLS program policies and regulations.

In the event that I decide to leave the VA New England Healthcare System MLS program, I agree to give the program director proper notice of resignation. In the event of resignation or termination, I agree to return all VA New England Healthcare System property loaned to me such as identification badges, keys etc.

I understand that any offer of clinical training made to me by VA New England Healthcare System MLS program is conditioned on my submission of satisfactory proof of my legal eligibility to work or train in the United States.

SIGNATURE _____ **DATE** _____ My signature indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as a consent for VA New England Healthcare System to request any information concerning my application.

IMPORTANT: The student must refer to the specific program brochures, website and admission policies for additional application requirements.

Narrative Statement

Please attach a personal statement- 300 words "I want to be a Medical Laboratory Scientist because....". Include why you believe you would be a good candidate for our program at VA New England.