

Radiologic Technology Program Application Work Experience Form (to be submitted to HCC Admissions Office by February 1)

HCC Student ID # \_\_\_\_\_

Name of applicant (first and last) \_\_\_\_\_

Please list any direct patient care work experience that you held for at least one year. Please include your job title, the name and address of the employer, the dates that you worked, and employer human resource office and/or supervisor contact information for employment verification.

Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer address \_\_\_\_\_

Dates of employment \_\_\_\_\_

HR contact: name, phone, email \_\_\_\_\_

I certify that all information stated on this Work Experience Form is accurate and complete. Concealment of facts or false statement may result in dismissal. By signing this form, you are permitting a representative of Holyoke Community College to contact the employer for employment verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_