

APPLICATION

**HISTOTECHNOLOGY SCHOOL
UNIVERSITY OF PITTSBURGH MEDICAL CENTER**

**Magee-Womens Hospital
of University of Pittsburgh Medical Center
300 Halket Street
Pittsburgh, PA 15213-3180
(412) 641-4664**

Date _____

Name _____ Social Security # _____
(last) (first) (M.I.)

Address _____
(street) (city) (state) (zip)

Telephone # (____) _____

E-mail address _____

Are you a U.S. citizen or eligible to work or study in the United States?

____ Yes
____ No

Person to notify in case of emergency _____
(name) (telephone #)

MILITARY SERVICE:

Have you ever served in the armed forces? Yes _____ No _____
Branch _____

List training or skills that would be applicable to your cytotechnology training.

Date of duty: From _____ to _____
(month) (day) (year) (month) (day) (year)

EDUCATION: (Please send all OFFICIAL college transcripts directly to the school)

College or University	Years attended	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: (List in order, last or present employer first)

	Name and Address	From	To	Position and Duties
1.	_____	_____	_____	_____
	_____			_____
	_____			_____
2.	_____	_____	_____	_____
	_____			_____
	_____			_____

EMPLOYMENT OR ACADEMIC REFERENCES:
(Contact 2 persons to forward references directly to the school.)

1. _____

2. _____

