

# PARKVIEW SCHOOL OF MEDICAL LABORATORY SCIENCE – STUDENT APPLICATION

Mail Completed Application to:  
Hallee Waye, Parkview Laboratory  
400 W.16<sup>th</sup> Street, Pueblo, Colorado 81003

Email for questions only (no applications will be accepted via email):  
[hallee\\_waye@parkviewmc.com](mailto:hallee_waye@parkviewmc.com)

## PERSONAL INFORMATION

Full Name:

\_\_\_\_\_  
*Last* *First* *Middle Initial*

Address:

\_\_\_\_\_  
*Permanent Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code*

Phone Number: ( )

\_\_\_\_\_  
*Phone Type (Cell, Home, Work)*

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Full Name:

\_\_\_\_\_  
*Last* *First* *Middle Initial*

Address

\_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code*

Phone Number: ( )

\_\_\_\_\_  
*Phone Type (Cell, Home, Work)*

Relationship: \_\_\_\_\_

## EDUCATION

Have you ever attended a medical laboratory science program before (yes/no)? \_\_\_\_\_

If you ever attended school under another name, give your name as it will appear on your transcript(s):  
\_\_\_\_\_

List the most recent college/university first. Official transcripts must be sent by each institution listed below:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

# PARKVIEW SCHOOL OF MEDICAL LABORATORY SCIENCE – STUDENT APPLICATION

## COURSES IN PROGRESS AND PLANNED FOR NEXT SEMESTER

COURSE	CREDIT HOURS	COMPLETION DATE

Please notify the Parkview School of MLS if there are any changes in your courses.

## EMPLOYMENT RECORD

Please list your most recent employer first (attach extra pages if needed).

1. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Duties: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Duties: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Duties: \_\_\_\_\_

4. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Duties: \_\_\_\_\_

# PARKVIEW SCHOOL OF MEDICAL LABORATORY SCIENCE – STUDENT APPLICATION

## BACKGROUND QUESTIONS

The following questions are required by Parkview Health System Human Resources.

Have you worked under any other names (yes/no)?

---

If yes, please list any other names that have been used:

---

Have you ever been fired from a job or asked to resign (yes/no)?

---

If yes, please explain:

---

---

Have you ever applied at Parkview Health System (other than for the MLS Program) (yes/no)?

---

If yes, when and for what position:

---

---

Have you ever been employed at Parkview Health System (yes/no)?

---

If yes, when, in what position, and may we contact previous supervisors (yes/no)?

---

---

Are you currently employed (yes/no)?

---

If yes, may we contact your current employer (yes/no)?

---

If yes, please provide your current employers contact information:

---

Do you have any relatives working at Parkview Medical Center (yes/no)?

---

If yes, who:

---

# PARKVIEW SCHOOL OF MEDICAL LABORATORY SCIENCE – STUDENT APPLICATION

## PHYSICAL REQUIREMENTS AND ESSENTIAL FUNCTIONS

The medical laboratory science student must be able to:

- i. Meet the minimum physical requirements for a medical laboratory science student:
  - a. Stand and/or sit for up to 8 hours per day.
  - b. Perform repetitive tasks and motions.
  - c. Have good manual dexterity and the fine motor skills necessary for performing phlebotomy, handling specimens, operating instruments, and maintaining instruments.
  - d. Move freely and safely around the laboratory and hospital including reaching laboratory benchtops and shelves, and reaching patients lying in hospital beds or seated in specimen collection chairs.
  - e. Lift up to 45 pounds occasionally.
  - f. Identify exposures to hazards such as toxic/caustic chemicals, communicable diseases, blood, and body fluids, and moving mechanical parts.
  - g. Hear normal speaking voices on the bench, in lecture, and on the telephone.
  - h. Hear alarms and telephones ringing.
  - i. See well enough to perform all required laboratory testing including reading and interpreting items like thermometers, results on computer screens, graphs, and instrument scales. Be able to use microscopes and make microscopic distinctions regarding formed elements and cells and allow for accurate depth perception.
  - j. Be able to accurately discern color.
- ii. Speak and comprehend the English language such that he/she can communicate effectively with instructors, patients, supervisors, coworkers, visitors, and other allied health workers on the telephone or in person.
- iii. Read and follow directions. Give explanations to others as needed.
- iv. Manage his/her own time and systematize actions to complete assigned tasks in a specified time limit. This includes effectively multi-tasking during bench work.
- v. Adapt to professionals and technical change, as our laboratory is a dynamic environment.
- vi. Work safely with potentially hazardous materials, thus minimizing the risk of injury to self, patients, or others.

In addition, the medical laboratory science student must possess:

- vii. The intellectual skills necessary for working in the clinical laboratory including comprehension, reasoning, analysis, comparison, self-expression, and mathematical skills.
- viii. Recall ability adequate for functioning in the clinical laboratory. For instance, after adequate demonstration, the student should be able to explain and operate an instrument correctly,
- ix. The physical and psychological stamina to work under pressure.

I acknowledge that I have read these Essential Functions for a medical laboratory science student. I also acknowledge that I am able to perform ALL of these skills.

---

Signature of applicant

---

Date



**PARKVIEW SCHOOL OF MEDICAL LABORATORY SCIENCE – STUDENT APPLICATION**  
**Mail completed reference form to Hallee Waye, Parkview Lab, 400 W. 16<sup>th</sup> Street, Pueblo, CO 81003**

**REFERENCE FORM**

Name of person providing reference: \_\_\_\_\_

Phone number of person providing reference: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

Please check the most appropriate category for each of the following abilities or attitudes of the applicant.

	Excellent	Above Average	Average	Below Average	Unable to Judge
Enthusiasm for Learning					
Initiative					
Works Well With Others					
Self-Confidence					
Dependability					
Integrity					
Reaction to Stress					
Accepts Responsibility					
Organizational Ability					
Decision Making Ability					
Attendance/Punctuality					
Communication Skills					

Do you know of any problems that may interfere with this applicant's ability to perform professionally in clinical work?

Overall Evaluation: Please check the statement that expresses your judgement of this applicant:

- Recommend enthusiastically. Exceptional individual.
- Recommend with confidence. Should do well in a clinical setting.
- Recommended. Acceptable. Should be able to complete clinical work.
- Recommended with reservation. May have difficulty with clinical work.
- I do not recommend this applicant.
- Unable to judge.

Additional comments are welcome. Please use the back or attach an additional page.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position

**PARKVIEW SCHOOL OF MEDICAL LABORATORY SCIENCE – STUDENT APPLICATION**  
**Mail completed reference form to Hallee Waye, Parkview Lab, 400 W. 16<sup>th</sup> Street, Pueblo, CO 81003**

**REFERENCE FORM**

Name of person providing reference: \_\_\_\_\_

Phone number of person providing reference: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

Please check the most appropriate category for each of the following abilities or attitudes of the applicant.

	Excellent	Above Average	Average	Below Average	Unable to Judge
Enthusiasm for Learning					
Initiative					
Works Well With Others					
Self-Confidence					
Dependability					
Integrity					
Reaction to Stress					
Accepts Responsibility					
Organizational Ability					
Decision Making Ability					
Attendance/Punctuality					
Communication Skills					

Do you know of any problems that may interfere with this applicant's ability to perform professionally in clinical work?

Overall Evaluation: Please check the statement that expresses your judgement of this applicant:

- Recommend enthusiastically. Exceptional individual.
- Recommend with confidence. Should do well in a clinical setting.
- Recommended. Acceptable. Should be able to complete clinical work.
- Recommended with reservation. May have difficulty with clinical work.
- I do not recommend this applicant.
- Unable to judge.

Additional comments are welcome. Please use the back or attach an additional page.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position

**PARKVIEW SCHOOL OF MEDICAL LABORATORY SCIENCE – STUDENT APPLICATION**  
**Mail completed reference form to Hallee Waye, Parkview Lab, 400 W. 16<sup>th</sup> Street, Pueblo, CO 81003**

**REFERENCE FORM**

Name of person providing reference: \_\_\_\_\_

Phone number of person providing reference: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

Please check the most appropriate category for each of the following abilities or attitudes of the applicant.

	Excellent	Above Average	Average	Below Average	Unable to Judge
Enthusiasm for Learning					
Initiative					
Works Well With Others					
Self-Confidence					
Dependability					
Integrity					
Reaction to Stress					
Accepts Responsibility					
Organizational Ability					
Decision Making Ability					
Attendance/Punctuality					
Communication Skills					

Do you know of any problems that may interfere with this applicant's ability to perform professionally in clinical work?

Overall Evaluation: Please check the statement that expresses your judgement of this applicant:

- Recommend enthusiastically. Exceptional individual.
- Recommend with confidence. Should do well in a clinical setting.
- Recommended. Acceptable. Should be able to complete clinical work.
- Recommended with reservation. May have difficulty with clinical work.
- I do not recommend this applicant.
- Unable to judge.

Additional comments are welcome. Please use the back or attach an additional page.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position