



CARTI

DISCOVER

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Email Address: _____ Date of Birth: _____

School Currently Attending: _____ Grade Level: _____

Parent/Guardian Name and Contact Information: _____

Have you ever been charged or convicted of a felony or misdemeanor that resulted in anything other than a finding of "Not Guilty" (other than a parking or minor traffic violation)? Yes No

**Note: A criminal record in itself does not necessarily disqualify you.*

What do you hope to gain through this experience? _____

To support you better, please list any barriers you may have to participating in this program: _____

Please rank your areas of job shadow interest with 1 being your first preference and 10 being your last preferred.

- | | |
|---|--|
| ____ Biomedical Technician and Clinical Engineering | ____ Pharmacist |
| ____ Chaplain | ____ Physician Team Nurse |
| ____ Xray, CT, MRI Technologist | ____ Radiation Therapist, Dosimetrist, Medical Physicist |
| ____ Executive Officer (Business/Operations) | ____ Social Worker |
| ____ Infusion Nurse | ____ Surgeon |

By signing this form, you are authorizing CARTI Occupational Health to access your immunization records per the Arkansas Department of Health. If you would rather submit these on your own, please send them to OccHealth@CARTI.com.

Student Signature: _____ **Parent/Guardian Signature:** _____

PLEASE RETURN THIS APPLICATION AND THE FOLLOWING DOCUMENTS TO HR@CARTI.COM BY APRIL 10

- | | |
|---|--|
| • Transcript confirming grade level and GPA | • Extracurricular activities |
| • Letter of recommendation | • Personal Statement - Why are you interested in healthcare? |
| • List of achievements | |