



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.**

\_\_\_\_ Clinical Engineering

\_\_\_\_ Pharmacy

\_\_\_\_ Business Intelligence and Health Economics

\_\_\_\_ Imaging Tech

\_\_\_\_ Surgical Tech

\_\_\_\_ Infusion RN

\_\_\_\_ Dosimetrist

\_\_\_\_ Medical Oncology RN

\_\_\_\_ Radiation Therapy

\_\_\_\_ 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
- Letter of recommendation
- List of achievements & activities
- Transportation agreement

- Immunization records & code of conduct agreement
- Personal Statement - Why are you interested in healthcare?