



Health Star JATC Surgical Technologist Apprenticeship Application

During the Surgical Technologist Apprenticeship initial contact, you will receive information about employer expectations regarding background checks, drug, and health screening. You will be asked to provide documentation regarding minimum qualifications. Qualifying applications will then be reviewed and scored according to a point system for ranking. (See Surgical Technologist Apprenticeship flyer).

Please complete this application and submit it along with proof of your minimum qualifications - a copy of your driver's license/government ID for age verification and a copy of your high school diploma/transcript or GED and return it to Laura Pumphrey, Apprenticeship Manager via **email**.

For questions and to submit your application materials, contact Laura at lpumphrey@sowib.org

Candidate Information		
Full Name:		Date:
<i>First</i>	<i>Last</i>	<i>M.I.</i>

I reside in the city of:	I reside in the county of:	I work in the county of:
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Cell Phone:	Email:
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How may we contact you? *(check all that apply)*

Phone
 Email
 Text Message

How did you hear about this opportunity?

Have you completed any of the following credentials? *(You will be asked to provide valid transcripts for ranking)*

CNA/CMA/Phlebotomy/EKG/PCA
 Healthcare - Associate Degree (90 credits)
 LPN/EMT/CRCST/CerAT

Volunteer Experience: *(Unpaid/Not court-mandated)*

Was your volunteer experience in a Healthcare setting? Yes No If yes, number of hours completed:

Minimum Qualification: High School Diploma or GED *(you will be asked to provide a diploma or certificate)*

High School Diploma
 GED
 Certification HS Completion

Years of college or a technical or vocational school 1 2 3 (circle one)
 Associate degree

Do you have prior experience in a healthcare related field?

Yes No

If yes, please give name of employer and dates you worked in a healthcare related field:

Do you have other work experience?

Yes No

If yes, please give name of employer and dates you worked:

Current Employer: <i>(if applicable)</i> _____	Position: _____
Hourly Wage: _____	Date of Hire: _____

Other Miscellaneous:
Do you have a valid Class C Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid CPR/First Aid Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Characteristics:
Please check which countries you are willing to travel to for work as an apprentice: Lincoln Benton Jackson Other please specify: Linn Douglas Marion

My signature below indicates that I certify the information on this application is true to the best of my knowledge.		
Participant Name <i>(please print)</i>	Participant Signature	Date

This Area is for STAFF USE ONLY:
Meets Minimum Qualifications <input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of Diploma/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation Verified for Application Points System	
<input type="checkbox"/> Certification/License/Degree (max 24)	_____
<input type="checkbox"/> Military DD214 (max 4)	_____
<input type="checkbox"/> Work Experience (max 20)	_____
<input type="checkbox"/> Currently Employed with Registered Training Agent (max 28)	_____
<input type="checkbox"/> Volunteer Experience in Healthcare (max 4)	_____
<input type="checkbox"/> Pre- Apprenticeship (max 3)	_____
<input type="checkbox"/> Other: CPR/First Aid Certification (max 1)	_____
Total Possible: 127	Total: _____

<p>Health Star will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 18 years old or older. Health Star shall take affirmative action to provide equal opportunity in apprenticeship and shall operate the apprenticeship program as required under the Oregon Plan for Equal Employment Opportunity in Apprenticeship and Title 29 of the Code of Federal Regulations, part 30. This is an equal opportunity program, and auxiliary aids and services are available upon request to individuals with disabilities.</p>
