

**HCA - The Healthcare Company
Miami - Dade Community College**

APPLICATION

Please select field of study:

- Nursing (RN)
- Radiologic Technology
- Other _____
- Diagnostic Medical Sonography
- Radiation Therapy Technology
- Cardiovascular Technology
- Nuclear Medicine

Date _____ Social Security _____
Name _____ Home Phone Number _____
Street Address _____ Emergency Phone Number _____
City/State/Zip _____ Mobile Number _____
Email _____

Please check if you are younger than 17.

How did you learn of the scholarship program with HCA? _____

Have you ever worked at: Cedars Medical Center Kendall Medical Center
 Aventura Hospital and Medical Center Other _____

Do you have a preference to work at: Cedars Medical Center Kendall Medical Center
 Aventura Hospital and Medical Center No Preference
Other HCA Facility _____

**EMPLOYMENT
DATA**

Current Employer _____
Street Address _____
City/State/Zip _____
Phone Number _____
Employment Dates _____
Position _____
Supervisor _____

Name of Previous Employer _____
Street Address _____
City/State/Zip _____
Phone Number _____
Employment Dates _____
Position _____
Supervisor _____

**EDUCATIONAL
DATA @ MDCC**

Date Starting Health Science Program _____

Current MDCC Program _____ Anticipated Graduation Date _____

Current Grade Point Average _____

EDUCATION AND TRAINING

Proof of education & training may be required upon employment

SCHOOL	NAME, CITY AND STATE LOCATED	GRADUATE	MAJOR, DEGREE, DIPLOMA, OR CERTIFICATION EARNED
Bus./Tech School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		yr. graduated _____	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		yr. graduated _____	

Licensure, Registration and/or Certification (List all professional or occupational licenses)

<u>TYPE</u>	<u>License or Registry No.</u>	<u>Year and State Issued</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why do you want to pursue a career in healthcare?

Equal employment opportunity

HCA is an equal opportunity employer. We provide equal employment opportunities in all employment related matters regardless of race, age, sex, national origin, disability, religion or veteran status in accordance with all applicable State and Federal Statutes, executive orders and regulations which prohibit discriminatory employment practices.

Authorization to release information and job applicant waiver

To support my application for the scholarship program, I am authorizing that any of my school records and employment history may be verified by appropriate personnel of HCA who will retain such information in strict confidence. I also release any respondent to inquiries from all claims. All of the statements made on the application for the scholarship program are true to the best of knowledge. I understand that any falsification of fact is sufficient grounds for my rejection as an applicant or my termination of the scholarship program.

Signature of Applicant _____ Date _____

Return application to:



**Miami - Dade Community College
Medical Center Campus**

Valery Lacayo, MBA
Scholarship Coordinator

Phone: (305) 237-4316

950 NW 20th St.
Miami, Florida 33127