

BLACK INK ONLY

**Cattaraugus-Allegany BOCES
1825 Windfall Road
Olean, New York 14760
(716) 376-8217 or (716) 376-8268 or (716) 376-8278**

PHLEBOTOMY PROGRAM APPLICATION

Name: _____ S.S. # _____
(Last) (First) (Middle)

Address: _____ City/State: _____ Zip: _____

Telephone: Home () _____ Cell () _____

Date of Birth: _____

EDUCATION:

High School: _____ Date of Graduation: _____

Date GED Certification Awarded: _____

List any colleges or other schools you attended after High School:

School	Area of Study or Major	Dates Attended/Graduated
_____	_____	_____
_____	_____	_____

A copy of your high school transcript or GED certificate must accompany this application.

EMPLOYMENT:

Present Employer: _____ Job Title: _____

Address: _____ Work Hours: _____

Job Responsibilities: _____

Please be advised that employment in the health care field may require a police background check and/or drug testing.

Please discuss in a short paragraph your reasons for applying to this program. Include any health-related experience you may have had.

I understand that this application will not be complete until I have submitted a copy of either my High School transcript or GED certificate.

I also understand that falsification of any information on the application will be reason to deny my admission to the Phlebotomy program.

Signature: _____ Date: _____