



**MEDICAL LABORATORY TECHNICIAN PROGRAM  
NORTH PLATTE COMMUNITY COLLEGE**

**APPLICATION FOR ADMISSION**  
(PLEASE PRINT)

APPLICANT NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(HOME/CELL) (WORK)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

IF MARRIED, HUSBAND/WIFE NAME: \_\_\_\_\_

CHILDREN/DEPENDENT(S) NAME(S) AND AGE(S): \_\_\_\_\_

\_\_\_\_\_

**IN CASE OF AN EMERGENCY NOTIFY: (LIST TWO PERSONS)**

\_\_\_\_\_  
(NAME) (ADDRESS) (RELATIONSHIP) (PHONE)

\_\_\_\_\_  
(NAME) (ADDRESS) (RELATIONSHIP) (PHONE)

**EDUCATION**

	<b>Name of School</b>	<b>City &amp; State</b>	<b>Years Attended</b>	<b>Diploma Received</b>
Elementary	_____			
High School	_____			
College	_____			
Other	_____			

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**SELF EVALUATION**

Evaluate yourself on the following qualities on a scale of 1 to 5 with 1 as Poor and 5 as Excellent:

- Dependability/Punctuality                     1    2    3    4    5
- Maintain a Clean and Neat Appearance    1    2    3    4    5
- Leadership Ability                             1    2    3    4    5
- Intellectual Ability                            1    2    3    4    5
- Initiative                                        1    2    3    4    5
- Manual Dexterity                              1    2    3    4    5
- Acceptance of Constructive Criticism      1    2    3    4    5
- Acceptance of Responsibility              1    2    3    4    5
- Emotional Maturity                          1    2    3    4    5
- Honesty and Integrity                       1    2    3    4    5
- Receptive to Change                         1    2    3    4    5
- Ability to Work As a Team Player          1    2    3    4    5
- Ability to Work Under Pressure            1    2    3    4    5
- Communication Skills (written)           1    2    3    4    5
- Communication Skills (oral)              1    2    3    4    5
- Decision Making Skills                      1    2    3    4    5
- Attention to detail                          1    2    3    4    5
- Computer Skills                               1    2    3    4    5

**EMPLOYMENT INFORMATION**

(Begin with present employer followed by previous employers.)

**EMPLOYER NAME                    ADDRESS                    TYPE OF WORK                    DATES EMPLOYED**

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**REFERENCES**

List the names and complete addresses of three (3) persons other than relatives whom we may contact as your references who are familiar with your work habits and/or scholastic ability.

**NAME                                    ADDRESS                                    CITY                                    STATE                                    ZIP**

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Write a brief explanation concerning the reasons for your desire to become a Medical Laboratory Technician.

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If accepted, are you aware of anything that may prevent you from successfully completing the Mid-Plains Community College MLT program as described in the college written materials?  Yes  No

If Yes, please explain: \_\_\_\_\_

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Are you willing to accept clinical rotation assignment at any of the Mid-Plains Community College MLT Clinical Affiliates?  Yes  No

If No, please explain: : \_\_\_\_\_

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Applicants who answer “yes” to either of the following will be required to submit additional information and schedule a meeting with the Health Occupations Division Chair. The College reserves the ultimate decision on acceptance or rejection of any application. Applicants should also be aware that an individual with a felony conviction may not be able to obtain licensure/certification in certain professions. In such cases where a felony conviction will prevent the student from applying for licensure/certification in a specific field, the student will be denied admission to that specific program.

Have you ever been convicted of or plead guilty or no contest to a felony?  Yes  No

Have you ever been expelled/dismissed from another college/university for disciplinary reasons?  Yes  No

DATE YOU WISH TO ENROLL: \_\_\_\_\_

DATE WHEN YOU WOULD BE AVAILABLE FOR AN INTERVIEW? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE