

Barton County Community College
MEDICAL LABORATORY TECHNICIAN PROGRAM

APPLICANT QUESTIONNAIRE

Name _____ SS# _____

Address _____ City, State, Zip: _____

E-mail _____ Daytime Phone (Home or Cell) _____

Comment on your educational strengths and weaknesses (i.e. subjects, learning styles, etc). _____

Why do you want to be a Medical Laboratory Technician? _____

Write a paragraph or two with examples evaluating yourself on the following qualities:

- | | |
|--------------------------------------|------------------|
| Willingness to Accept Responsibility | Adaptability |
| Carefulness | Knowledge |
| Honesty | Skill With Hands |
| Emotional Maturity | Health |

What are your long term career goals? _____

Identify your personal strengths and weaknesses: _____

Have you or any of your relatives or close friends been employed in the health care field? _____ If yes, please explain: _____

Do you plan to work while in the MLT Program? _____ If yes, please explain:

Are you willing to accept assignment to clinical rotations at any of the BCCC MLT Clinical Affiliates? _____ If not, please explain: _____

Is there any additional information that might be helpful to us? _____

Signature _____ Date _____