

School of Phlebotomy Application

Mail to:
 809 University Boulevard, East
 Tuscaloosa, Alabama 35401
 (205)759-7958 or kathryn.smith@dchsystem.com

Date_____

NAME: _____ TELEPHONE: _____ or	
LAST	FIRST
MIDDLE	
E-mail Address (if applicable):	
ADDRESS:	LOCAL ADDRESS: (If different from permanent)
Number and Street	Number and Street
City, State and Zip Code	City, State and Zip Code
Social Security Number	If accepted into the program, will you take a physical examination? Yes () No ()
Date of Birth:	SELECTIVE SERVICE DATA

The Age Discrimination in Employment Act prohibits discrimination on the

Are you currently

PERSONAL REFERENCES Name, complete
address and phone of three people (other than relatives
or previous employers)

1. Name	Phone Number
Street	State
E-mail address (if applicable)	Zip

