



Schneider Regional Medical Center

Roy Lester Schneider
Hospital

Myrah Keating Smith
Community Health Center

Charlotte Kimelman
Cancer Institute

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9048 Sugar Estate
St. Thomas, USVI 00802

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Mailing Address Physical Address

City State ZIP Code

Phone: () _____ E-mail Address: _____

Gender: M or F _____ Social Security No.: _____ Date of Birth _____

List other

Date Available: _____ Languages spoken _____ Desired Salary: \$ _____

Position Applied for: _____ Location: RLSH CKCI MKSCHC

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this Hospital? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

(Note: a police record will be required)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. YES NO

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the termination of my employment.

Signature: _____ Date: _____