



# Schneider Regional Medical Center

Roy Lester Schneider  
Hospital

Myrah Keating Smith  
Community Health Center

Charlotte Kimelman  
Cancer Institute

Three Facilities One Healthcare System

## Return ALL applications and supporting documents to:

Schneider Regional Medical Center \* 9048 Sugar Estate \* St. Thomas, USVI 00802 \* Phone: 340-776-8311 \* Fax: 340-714-6317

General Instructions
<ul style="list-style-type: none"> <li>Type or print clearly in ink this application in its entirety</li> <li>Specify the position for which you are applying</li> <li>Applications will be processed <b>ONLY</b> for vacant positions</li> <li>Your application and accompanying (birth certificate, social security card, educational documents, proof of citizenship, training certificates, resume, photo ID, DD214) documents are confidential and become the property of Schneider Regional Medical Center upon submission.</li> <li>Applications that are received unsigned will not be processed and all information you submit is subject to verification.</li> <li>Applications are valid for six (6) months from the date of receipt and must be upgraded thereafter.</li> <li>Resumes will not be accepted in lieu of completing application.</li> </ul>

How Can We Contact You
_____ First Name                      M.I.                      Last Name \$ _____ Desired Salary _____ Mailing Address _____ Physical Address _____ City                                      State                                      Zip Code _____ Home Phone                      Business Phone                      Cell Phone _____ E-Mail Address

**SRMC is an Equal Opportunity Employer**

Position (s) Applied For
DATE: _____ / _____ / _____ ① _____ ② _____ ③ _____ <input type="checkbox"/> SRMC <input type="checkbox"/> CKCI <input type="checkbox"/> MKS

## Education/ Job Related Training & Course Work

**High School, College, University, or Professional School (An Official Transcript may be required)**  
**Vocational, Trade, Government, Business Armed Forces, etc.**

Name of School	Location	Dates Of Attendance (Month/ Year)		Credit Hours Earned		Course of Study	Did you Graduate	Type of Degree
		From	To	Qtr.	Sem.			
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Licensure, Registration, Certification (Examples: RN, LPN, PES, CPA, etc.)

**High School, College, University, or Professional School (An Official Transcript may be required)**

License, Registration or Certification	Number	Date	Expiration Date

If needed, attach additional sheets, using the same format as on the application. Resume must be attached to provide additional information

**PERIODS OF EMPLOYMENT**

Describe your work experience in detail, beginning with your current or most recent job. Include military services (include rank) and job related or volunteer work, if applicable. Indicate the number of employees supervised. ALL information in this section must be completed. Resumes must be attached

❶ Name of Present or last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_ No. of Employees Supervised \_\_\_\_  
Month Day Year Month Day Year

Duties and Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference:  Yes  No Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

❷ Name of Present or last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_ No. of Employees Supervised \_\_\_\_  
Month Day Year Month Day Year

Duties and Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference:  Yes  No Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

❸ Name of Present or last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_ No. of Employees Supervised \_\_\_\_  
Month Day Year Month Day Year

Duties and Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference:  Yes  No Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Pg. 3 Schneider Regional Medical Center - Employment Application**

**4** Name of Present or last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_ No. of Employees Supervised \_\_\_\_  
Month Day Year Month Day Year

Duties and Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference:  Yes  No Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**5** Name of Present or last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_ No. of Employees Supervised \_\_\_\_  
Month Day Year Month Day Year

Duties and Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference:  Yes  No Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**6** Name of Present or last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_ No. of Employees Supervised \_\_\_\_  
Month Day Year Month Day Year

Duties and Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference:  Yes  No Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Knowledge / Skill / Abilities**

**How did you hear about us**

List the abilities you possess and believe relevant to the position you seek, such as computer skills, bilingual, etc

- Walk -in                       News Paper  
 Online                               Website  
 Other: \_\_\_\_\_

**Background Information**

1. Are you a U.S. Citizen?  YES  NO
2. Are you legally authorized to work in the U.S.?  YES  NO
3. Were you ever convicted of a sexual criminal offense against a minor?  YES  NO  
 If, you answered "YES" in accordance with Act #6182, in order to attain employment, you must register with the Virgin Islands Department of Justice and give evidence of such registration.  
**(Please explain in a separate document)**
4. Were you ever discharged or rejected during your probationary period, or have you resigned Under threat of discharge from any employment?  YES  NO  
 If your answer is yes, please explain: \_\_\_\_\_.
5. Have you ever been convicted or a felony of first-degree misdemeanor?  YES  NO
  - If the answer is "YES", what was the charge \_\_\_\_\_
  - Where were you convicted \_\_\_\_\_
  - Date convicted \_\_\_\_\_
6. Have you ever pled no contest or pled guilty to a crime, which is a felony or a first -degree misdemeanor?  YES  NO
  - It the answer is "YES", what charge \_\_\_\_\_
  - Where were you convicted \_\_\_\_\_
  - Date convicted \_\_\_\_\_

**Veterans Preference Information**

1. Do you claim veteran's preference, if eligible?  YES  NO  
 Check one:  Veteran     Widow of Widower of a Veteran     Spouse of a disabled veteran
2. Did you serve in active duty for the U.S. Military  YES  NO
3. What was your discharge?  Honorable  General  Other than Honorable  Bad conduct  Dishonorable
4. Do you have a service connected disability (rated 10% or more by V.A)?  YES  NO

**(Optional) EEO Survey**

Gender:  Male             Female

Ethnicity: (Check one):  African American     Caucasian     Hispanic             Asian             Other

**Disclaimer and Signature**

I am aware that any **omission, falsification, misstatement, or misrepresentation** above may disqualify me for employment consideration and if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations, investigators, personnel staff, and other authorized employees of the Virgin Islands Government for employment purposes. I understand and accept the fact that my consent shall remain effective during the tenure of my employment should I be hired. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachment are **true, correct, and made in good faith.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



# SCHNEIDER REGIONAL MEDICAL CENTER

ROY LESTER SCHNEIDER  
HOSPITAL

MYRAH KEATING SMITH  
COMMUNITY HEALTH CENTER

CHARLOTTE KIMELMAN  
CANCER INSTITUTE

## Employment Verification

### Employee Authorization

I hereby authorize Schneider Regional Medical Center to request employment verification information from my past and present employers as part of my application for hire. I understand the Schneider Regional Medical Center will include my social Security number and date of birth, along with the name and address of each facility.

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*Name*

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*Signature*

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*Social Security Number*

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*Date*

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*Date of Birth*

SRMEDICALCENTER.ORG

PH: 340.776.8311 | FX: 340.714.6318 | 9048 Sugar Estate, St. Thomas, USVI 00802