



St. Thomas East End Medical Center Corporation*

Employment Application

**This health center is a Health Center Program grantee under 42 U.S.C 254b, and a deemed Public Health Service Employee under 42 U.S.C. 233(g)(n).*

Return **ALL** applications and supporting documents to:

St. Thomas East End Medical Center Corporation * 4605 Tutu Park Mall, Ste. 188C * St. Thomas, USVI 00802 * Phone: 340-775-3700
 * Fax: 340-714-9140 * Email: hrsteemcc@vipowernet.net

General Instructions

- Type or print clearly in ink this application in its entirety
- Specify the position for which you are applying
- Applications will be processed **ONLY** for vacant positions
- 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 St. Thomas East End Medical Center Corporation upon submission.
- Applications that are received unsigned will not be processed and all information you submit is subject to verification.
- Applications are valid for six (6) months from the date of receipt and must be upgraded thereafter.
- Resumes will not be accepted in lieu of completing application.

STEEMCC is an Equal Opportunity Employer

Position (s) Applied For

DATE: ____ / ____ / ____

① _____

② _____

③ _____

Clinical Administration Dental

How Can We Contact You

First Name M.I. Last Name

Date of Birth \$ _____ Desired Salary

Mailing Address

Physical Address

City State Zip Code

Social Security Number / Alien ID number

Home Phone Business Phone Cell Phone

E-Mail Address

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

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: _____

Resume' must be attached to provide additional information

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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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 Newspaper 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 Other

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 _____

APPLICANT CONSENT FOR DRUG SCREENING

As part of *ST. THOMAS EAST END MEDICAL CENTER CORPORATION* client commitment to a drug-free work environment, all applicants will be requested to take urinalysis drug screening.

These tests will be conducted by a SAMHSA certified laboratory and personnel selected by *ST. THOMAS EAST END MEDICAL CENTER CORPORATION*. Test results will be completely confidential.

Applicants with "positive" test results will be informed of their results and will be denied further employment consideration.

I agree to take urinalysis drug screening as part of my employment consideration, and understand that I will be denied employment if my tests results indicate "positive". I also understand that I may be requested to take a drug test at any time after my employment with *ST. THOMAS EAST END MEDICAL CENTER CORPORATION*.

Signature _____ Date _____

BACKGROUND CHECK

In connection with my application for employment with *ST. THOMAS EAST END MEDICAL CENTER CORPORATION (STEEMCC)*, I hereby agree as follows:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of STEEMCC's consideration of my employment application, I give STEEMCC permission to investigate my personal and employment history. I understand that this background investigation will include, but not limited to, verification of all information on my employment application:

2. CONSENT TO CONTACT PAST EMPLOYERS

I specifically give permission to STEEMCC to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with STEEMCC, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to proceed with a defamation suit or other claims based upon any statements they make to any representative of STEEMCC. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to STEEMCC. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to STEEMCC to receive a copy of any information obtained in the file of any federal, state or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate STEEMCC as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in STEEMCC's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information.

By signing below, I grant permission to release information to the St. Thomas East End Medical Center Corporation, relating to my work and/or academic experience.

Applicant's Name _____ Social Security Number: ____/____/____

Applicant's Signature: _____ Date: _____

** Please complete and return to:*

St. Thomas East End Medical Center Corporation, Tutu Park Mall Ste. 188C, St. Thomas, V.I. 00802

BACKGROUND INQUIRY AUTHORIZATION

In connection with my employment placement by ST. THOMAS EAST END MEDICAL CENTER CORPORATION, I understand that investigative inquiries are to be made on myself as to my work habits, performance and experience. Further, I understand that HireRight acting on behalf of ST. THOMAS EAST END MEDICAL CENTER CORPORATION will be requesting information from various federal, state and other agencies which maintain records concerning my past activities, including but not limited to criminal history, workers compensation, consumer credit report, investigative consumer report, driver history for the purposes of insurability and/or vehicle assignment, employment and education verification. I further understand that these requests may be made at any time during the course of my employment.

I authorize, without reservation, any party/agency contacted by HireRight to furnish the above mentioned information, and I consent to ST. THOMAS EAST END MEDICAL CENTER CORPORATION receiving the above information from HireRight and/or any of its licensed agents. I also release ST. THOMAS EAST END MEDICAL CENTER CORPORATION, HireRight and/or its agents from any claims or liability resulting from the reporting of this background information. I agree that a copy of this authorization release is as valid as the original.

Name: _____ Middle _____ Last _____

Other name(s) used: _____ Social Security No.: _____/_____/_____

Date of Birth: _____ Ethnicity: _____ Gender: _____

Driver's License #: _____ State: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Years: _____

Prior Address 1:

Street Address: _____

City: _____ State: _____ Zip: _____ Years: _____

Prior Address 2:

Street Address: _____

City: _____ State: _____ Zip: _____ Years: _____

Signature _____ Date _____