



Schneider Regional Medical Center

Roy Lester Schneider
Hospital

Myrah Keating Smith
Community Health Center

Charlotte Kimelman
Cancer Institute

Three Facilities One Healthcare System

Employment Application

Return ALL applications and supporting documents to:

Schneider Regional Medical Center * 9048 Sugar Estate * St. Thomas, USVI 00802 * Phone: 340-776-8311 * Fax: 340-714-6459
* Email: HR@srmedicalcenter.org

Items needed upon submission:

Application, resume, diploma/degree, and any applicable credentials and/or licenses.

PLEASE NOTE THE FOLLOWING:

- Applications will **ONLY** be processed for vacant positions.
- Resume will not be accepted in lieu of completed application.
- Documents become the property of Schneider Regional Medical Center upon submission.
- Applications are **valid for six (6) months** from the date of receipt and must be resubmitted thereafter.

Position (s) Applied For

DATE: ____ / ____ / ____

① _____

② _____

③ _____

RLS CKCI MKS

How Can We Contact You

First Name M.I. Last Name

Mailing Address

Physical Address

City State Zip Code

Home Phone Business Phone Cell Phone

E-Mail Address

\$ _____

Desired Salary

SRMC is an Equal Opportunity Employer.

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.			
							☐Yes ☐ No	
							☐Yes ☐ No	
							☐Yes ☐ No	

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

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

License 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. **Resume must be attached**

① Name of Present or Last Employer: _____

Address: _____ Phone #: () _____

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: _____

② Name of Present or Last Employer: _____

Address: _____ Phone #: () _____

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: _____

③ Name of Present or Last Employer: _____

Address: _____ Phone #: () _____

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Month Day Year Month Day Year

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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

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Month Day Year Month Day Year

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Address: _____ Phone #: () _____

Your Job Title _____ Supervisor's Name _____

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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

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/ Magazine
 Friends/Family Online
 Website Other: _____

Background Information

1. Are you legally authorized to work in the U.S.? YES NO

2. 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: _____.

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 provide evidence of registration.

4. Have you ever been convicted, pled no contest, or pled guilty to a crime, which is a felony or a first -degree misdemeanor? YES NO
 - If 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 or 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 Dishonorable General Other : _____

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 acknowledge that Schneider Regional Medical Center operates twenty-four (24) hours a day and seven (7) days a week. By signing below I understand that work hours may vary based on the position I am applying for. I am also 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 _____