



# 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](mailto: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.			
							<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.)

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**

❶ 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: \_\_\_\_\_

❷ 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: \_\_\_\_\_

❸ 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: \_\_\_\_\_

**Resume must be attached to provide additional information**

④ 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: \_\_\_\_\_  
\_\_\_\_\_

⑤ 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: \_\_\_\_\_  
\_\_\_\_\_

⑥ 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: \_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_