



# UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

## FLETCHER ALLEN HEALTH CARE

### Application for Graduate Medical Education



#### EMPLOYMENT APPLICATION

It is the policy of Fletcher Allen Health Care to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, sex, age, religion, national origin, sexual orientation, ancestry, place of birth, or disability, except where age or sex are bona fide occupational requirements.

*An Equal Opportunity Employer*

**NOTICE: PLEASE INCLUDE YOUR CURRICULUM VITAE AND A PERSONAL STATEMENT WITH THIS COMPLETED APPLICATION. FILL OUT EACH SECTION. "REFER TO C.V." IS NOT ACCEPTABLE.**

**Name:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Soc. Sec. No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
No. & Street City State Zip

**Telephone:** ( ) \_\_\_\_\_  
(Daytime)

**Permanent Address:** \_\_\_\_\_  
No. & Street City State Zip

**Telephone:** ( ) \_\_\_\_\_  
(Permanent)

**E-Mail:** \_\_\_\_\_

Position (*circle*)      RESIDENCY      FELLOWSHIP

Year of Training (*circle*)    1st   2nd   3rd   4th                      5th   6th   7th

Your NRMP#: \_\_\_\_\_

Specialty: \_\_\_\_\_

Training to commence: \_\_\_\_\_

Sub-specialty: \_\_\_\_\_

Training to commence: \_\_\_\_\_

Name, address and telephone number of someone who can always reach you during the application process:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

If not a U. S. citizen:

Type of VISA: \_\_\_\_\_ VISA No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Military or USPHS experience and status: \_\_\_\_\_

Have you ever been convicted of a crime or offense other than a minor traffic violation?     No     Yes    Date of Conviction: \_\_\_\_\_ Offense: \_\_\_\_\_

(Unless job-related, this information will not restrict employment).

#### PREMEDICAL EDUCATION:

College or University: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

#### MEDICAL EDUCATION:

Name of Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Other Institutions Attended (*give dates*): \_\_\_\_\_

*(Please turn to side 2)*

