

Employment Application

An Equal Opportunity Employer



Gov. **JUAN F. LUIS HOSPITAL**
& MEDICAL CENTER

Return ALL applications and support documents to:

Gov. Juan Luis Hospital & Medical Center, Talent Resources Department, 3rd Floor

4007 Estate Diamond Ruby, Christiansted, St. Croix VI 00820 * Phone: (340)772-7331 * Fax: (340)772-7387 * Email: careers@jflusvi.org

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 materials (**birth certificate, social security card, educational documents, proof of citizenship, training certificates, resume, photo ID, DD214**) are confidential and become the property of the Gov. Juan F. Luis Hospital & Medical Center
- Clinical Staff Applications must have the following, in addition, to items listed above in #2 (BLS/CPR, ACLS, Nursing License)
- Applications are valid for **one (1) year** from date of receipt and must be upgraded on a yearly basis.
- Resumes will not be accepted in lieu of completing applications.

POSITION(S) APPLIED FOR:



- _____
- _____
- _____

HOW DO WE CONTACT YOU:

First Name	M.I.	Last Name
Social Security Number		
Mailing Address		
Physical Address		
City	State	Zip Code
Home Phone	Business Phone	Cellular Phone
E-Mail Address		

EDUCATION

High School, College, University of Professional School: (an Official Transcript may be required)

Name of School	Location	Date of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Type of Degree
		From	To	Qtr.	Sem.		

JOB RELATED TRAINING AND COURSE WORK

Vocational, Trade, Government, Business, Armed Forces, etc.

Name of School	Location	Date of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Training Completed?	
		From	To	Class	Clock		YES	NO

LICENSURE, REGISTRATION, CERTIFICATION (Ex: RN, PE, CPA, CMA, RRT, NRP, PALS, TNCC, CNOR, etc.)

License, Registration or Certification	Number	Date Received	Expiration Date

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

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current and most recent job. Include military service (indicate rank) and job related or volunteer work, if applicable. Indicate the number of employees supervised. Use a separate block to describe each position or gap in employment. ALL information in this section must be completed. Resumes may be attached to provide additional information.



1

Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: ____ No. of Employees Supervised ____

Duties and Responsibilities: _____

Reason for Leaving: _____

2

Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: ____ No. of Employees Supervised ____

Duties and Responsibilities: _____

Reason for Leaving: _____

3

Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: ____ No. of Employees Supervised ____

Duties and Responsibilities: _____

Reason for Leaving: _____

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

4

Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: ____ No. of Employees Supervised ____

Duties and Responsibilities: _____

Reason for Leaving: _____

5

Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: ____ No. of Employees Supervised ____

Duties and Responsibilities: _____

Reason for Leaving: _____

6

Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: ____ No. of Employees Supervised ____

Duties and Responsibilities: _____

Reason for Leaving: _____

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

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe are relevant to the position you seek, such as computer skills, fluency in language(s), etc.

BACKGROUND INFORMATION

- Are you a U.S. Citizen or are you Legally Authorized to Work in the U.S.? YES NO
- To your knowledge, do you have any relatives working in this agency? YES NO
- Were you ever convicted of a sexually violent offense or 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.
- Were you ever discharged or rejected during probation, or have you resigned under threat of discharge from any employment? YES NO
If you answer is yes, please explain: _____
- Have you ever been convicted of a felony or a first degree misdemeanor? YES NO
If your answer is "yes", what charge? _____
Where convicted? _____ Date of Conviction: _____
- Have you ever pled no contest or pled guilty to a crime, which is a felony or a first degree misdemeanor? YES NO
If your answer is "yes", what charge? _____
Where _____ Date: _____

VETERAN PREFERENCE INFORMATION

- Do you claim veteran's preference, if eligible? YES NO
Check one: Veteran Widow or Widower of an Veteran Spouse of a 100% disabled veteran
- Did you serve in active duty for the U.S. Military? YES NO
- What was your discharge? Honorable or General Dishonorable Not Applicable
- Do you have a service connected disability (rated 10% or more by V.A.)? YES NO

(OPTIONAL) EEO SURVEY

Date of Birth: _____ GENDER: MALE FEMALE
 RACE: (Check One): BLACK HISPANIC ASIAN or PACIFIC ISLANDER NATIVE AMERICAN WHITE
 OTHER (SPECIFY) _____

CERTIFICATION

I am aware that any omission, falsification, misstatement, or misrepresentations 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 allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, other individuals and organizations to 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 understand that applications submitted for Government employment are public records. I certify that to be the best of my knowledge and belief all of the statements contained herein and on any attachment are true, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____

Government of the United States Virgin Islands
An Equal Opportunity Employer

Release for Reference Information

I hereby certify that the information I have written on this application is true and correct and I give my permission to the Virgin Islands Government, Governor Juan F. Luis Hospital & Medical Center, Hospital Administration or their representative to contact anyone to make sure that I am qualified for employment and to obtain references in support of my application.

I understand that if I:

- Fail to answer any question(s)
- Falsify the answer(s) to any question(s)
- Enter misleading answer(s) to any question(s), or
- Fail to provide information which might make any of the answer(s) on the application misleading that this alone may result in a refusal for employment, or in my termination, if I am hired.

Signature

Date

4007 Estate Diamond Ruby, Christiansted, St. Croix 00821

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Release for Reference Information

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- Fail to provide information which might make any of the answer(s) on the application misleading that this alone may result in a refusal for employment, or in my termination, if I am hired.

Print Name

Date

Governor Juan F. Luis Hospital # 4115
APPLICANT INFORMATION

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Have you ever been convicted of a crime? Yes No (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

2. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

3. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

4. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

Additional Questions

1. Place of birth (required to complete criminal history search in some jurisdictions):

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

**Governor Juan F. Luis Hospital # 4115
DISCLOSURE & AUTHORIZATION**

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. _____ / _____ / _____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Governor Juan F. Luis Hospital ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract for services, appointment, volunteering or clinical rotation. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, volunteering, privileges or appointment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ **Date** _____

www.PreCheck.com info@precheck.com
ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

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