

**PLEASE READ THIS FORM BEFORE COMPLETING OUR EMPLOYMENT APPLICATION**

Date: \_\_\_\_\_

Positions you are applying for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your interest in a position with the USF Medical Services Support Corporation (MSSC) or University Medical Service Association, Inc. (UMSA). Please apply for any number of positions you feel you may be qualified for on this single application (see attached).

- Copies of your application will be forwarded to the department(s) hiring for the positions indicated and any other positions in the same category.
- Each department will perform their own review of your application.
- The department will then contact you by phone **only** if it appears there is a good match between your qualifications and the requirements of the open position.

**The full cycle of this process takes approximately two to four weeks. Unfortunately, due to the volume of applications they receive, the departments can not contact each applicant to let them know their status.**

We will, however, keep your original application and/or resume on file for six months. If you want to be considered for another position advertised in the newspaper or on our Job Line, during the next six months, call our office, let us know you already have an application on file, and which new positions you would like to be considered for. You must be able to provide us with the month that you originally applied, **so please keep this form for your records.**

Automated Job Line number is (813) 974-7890.

Human Resources Department number is (813) 974-8170.

Human Resources Department fax number is (813) 974-7973.

Human Resources Department web site is: [www.usfdocs.com](http://www.usfdocs.com)

Name and address is:

USF Physicians Group  
Department of Human Resources, 1<sup>st</sup> Floor  
MDC 62  
12901 Bruce B. Downs Blvd  
Tampa, Florida 33612-4742

***PLEASE REMOVE THIS SHEET FROM THE APPLICATION  
AND KEEP IT FOR FUTURE REFERENCE.***

# EMPLOYMENT APPLICATION

**PLEASE NOTE: It is necessary for you to complete ALL sections of the application.  
Please type or print all responses. Use additional paper if necessary.**

It is the policy of this corporation to provide equal employment opportunity based on demonstrated experience, knowledge, skill, interest and other job-related factors, without regard to factors of age, sex, race, color, religion, national origin, disability, marital status or veteran's status.

DATE \_\_\_\_\_

POSITIONS APPLIED FOR: \_\_\_\_\_

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ TEMPORARY \_\_\_\_\_ PER DIEM \_\_\_\_\_

DATE AVAILABLE TO START WORK \_\_\_\_\_ SALARY REQUIREMENTS \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PREVIOUS NAME (S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TELEPHONE/CELL # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

How did you learn about our openings? \_\_\_\_\_ Were you referred to us directly by a current employee? \_\_\_\_\_ If yes, please give name and department \_\_\_\_\_

Do you have any relatives employed by the University Medical Service Association, Inc., USF Medical Services Support Corp., or USF College of Medicine? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, provide detail \_\_\_\_\_

**EDUCATION BACKGROUND – List schools attended, starting with most recent**

SCHOOL	YEARS COMPLETED	DEGREE/DIPLOMA EARNED	GPA/CLASS RANK	MAJOR/MINOR

**LICENSES/CERTIFICATIONS:** Please list only those that are current, or those for which you may be eligible.

Type

Lic./Cert.#

Expiration/Renewal Date

**SKILLS AND QUALIFICATIONS –** Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying, i.e., word processing and other PC applications, medical terminology, coding etc.

Have you pleaded guilty, nolo contendere (no contest) to, or been convicted of, a first degree misdemeanor, a felony or a drug related offense? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain fully.\*

Have you ever been sanctioned or excluded from any federal program by the Office of the Inspector General? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, explain fully.\*

\*A conviction or sanction will not necessarily bar you from employment. Each conviction or sanction will be judged on its own merit with respect to time, circumstances, seriousness, and the position for which you are under consideration.

**EMPLOYMENT HISTORY – Provide the following information for your past and current employers.**

EMPLOYER	TELEPHONE		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
POSITION TITLE	DATES EMPLOYED		
	FROM	TO	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING	HOURLY RATE/SALARY		MAY WE CONTACT FOR REFERENCE?
	\$	PER	
EMPLOYER	TELEPHONE		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
POSITION TITLE	DATES EMPLOYED		
	FROM	TO	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING	HOURLY RATE/SALARY		MAY WE CONTACT FOR REFERENCE?
	\$	PER	
EMPLOYER	TELEPHONE		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
POSITION TITLE	DATES EMPLOYED		
	FROM	TO	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING	HOURLY RATE/SALARY		MAY WE CONTACT FOR REFERENCE?
	\$	PER	

COMMENTS – Explain any gaps in employment.

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**PLEASE READ CAREFULLY AND SIGN BELOW**

I understand that the information on this employment application has been requested for the purpose of evaluating my qualifications in regard to the requirements of the specified position. I certify that the facts set forth are true and complete to the best of my knowledge. I understand that if I am employed, false statements or omission of fact on this application may result in dismissal.

I understand and expressly agree that a pre-employment investigation of my competence, character, and reputation including a criminal records background check, may be made and that information concerning such matters may be obtained through contacts, or interviews with former employers, associates, or any other persons or agencies who may have knowledge concerning the attributes referred to. I expressly consent to such investigation.

I fully understand that because of the nature of the business conducted, all information, whether written, spoken or otherwise communicated or obtained, and all files and records of any and every description, relating to business activities or anyone with whom the corporation has dealings, is to be treated in a strictly confidential manner. I fully understand and agree that, should I accept this employment, I am not to, not at any time, communicate or reveal any business of the corporation or any such information or records or files or the matters contained therein to unauthorized personnel with the corporation or to anyone outside the corporation. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment. I understand that all terms and conditions of employment, including written policies and provisions, are subject to change at management's discretion at any time without notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date