



**University Medical Service Association, Inc. (UMSA)
 USF Medical Services Support Corporation (MSSC)
 Employment Application**

ALL sections of the application must be completed. Please print or type 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 _____ SALARY REQUIREMENTS _____

NAME _____ PREVIOUS NAME(S) _____

HOME ADDRESS _____ TELEPHONE/CELL # _____

_____ EMAIL ADDRESS _____

How did you learn about our employment opportunities? _____ Were you referred to us directly by a current employee? _____ If YES, provide name and department _____

Do you have any relatives employed by the University Medical Service Association, Inc. (UMSA), USF Medical Services Support Corporation (MSSC), or USF College of Medicine? _____ If YES, provide detail _____

Have you ever been previously employed by UMSA or MSSC? _____ If YES, provide dates _____

EDUCATION BACKGROUND – List schools attended, starting with most recent

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

LICENSES/CERTIFICATIONS – List only those that are current, or those for which you may be eligible.

TYPE	LICENSE/CERTIFICATE #	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 **EVER** 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 – List current and past employers, starting with most recent.

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

Applicant Name _____

Have you **EVER** been terminated by an employer (involuntary termination/fired)? If YES, please explain.

COMMENTS – Explain any gaps in employment.

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