

NEW RESIDENT INFORMATION SHEET

2009-2010

Name: _____
PLEASE PRINT - LAST FIRST MI

Program: _____ Subspecialty: _____ PGY Level: _____

Date of Birth: ____/____/____ Place of Birth: _____

Medical School: _____ Location: _____

Grad. Date: ____/____/____ Circle one: Male / Female

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Others are prohibited from employment by Federal law.

Are you presently authorized to work in the U.S.? ___ YES ___ NO

Federal Law requires proof of your authorization. You will be asked to provide proof of your identity and employment eligibility no later than three days after employment. If employed you must complete Section 1 of the Employment Eligibility Verification forms (Form I-9) no later than the close of business on the first day of employment.

If **NO**, circle one: J-1 VISA / EAD Card / Permanent Resident Card / Other (specify): _____

Race (Circle One): *Your response is voluntary and will be used for data/reporting purposes only*

White Black Asian/Pacific Islander Hispanic American Indian/Alaskan Native Other: _____

Address and Telephone where you can be contacted until you relocate to Tampa area:

ADDRESS (____) _____
TELEPHONE

EMERGENCY CONTACT:

Name: _____ Phone: (____) _____ Relationship: _____

I understand that I must sign up for payroll Direct Deposit as a condition of employment and I must complete this **within 14 days**. INITIAL: _____

STATE OF FLORIDA EMPLOYMENT QUESTIONS

Are you currently employed by another State agency? ___ YES ___ NO
If Yes, Agency Name: _____

Are you transferring from another State agency? ___ YES ___ NO

Are you receiving State of Florida Retirement benefits? ___ YES ___ NO
If yes, date retirement began ____/____/____

Have you taken any distributions (including rollovers) under the FRS plan? ___ YES ___ NO
Date of distribution or rollover _____ Investment Plan or Optional Retirement Plan (circle one)

NEW RESIDENT INFORMATION SHEET

2009-2010

Do you have any relative(s) currently employed by USF? _____ YES _____ NO
If yes, please list their names: _____

Are you a veteran of the U.S. military? _____ YES _____ NO
If yes, please list your active and discharge dates:
From: _____ To: _____ Discharge Date: _____

Did you receive a dishonorable discharge for the military? _____ YES _____ NO
Answering "yes" will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness and the type of position.

Criminal Conviction Information:
Have you ever been convicted of, plead no contest to, or had an adjudication of guilt withheld for a felony or first-degree misdemeanor? _____ YES _____ NO

Have you ever been convicted of the sale of or trafficking in, or conspiracy to sell or traffic in, a controlled substance under Florida law if such offense is a felony, or under the laws of any state or country which, if committed in this state, would constitute the felony of selling or trafficking in, or conspiracy to sell or traffic in, a controlled substance? _____ YES _____ NO

If you answered "yes" to this question, before you can be employed at USF, Florida law requires proof that you have completed on imprisonment sentences and/or supervisory/probationary sanctions imposed by the court, Parole Commission or by law. The University will ask you to provide this proof.

Have you ever been censured/disciplined or found to be in violation of ethical standards by a profession organization? _____ YES _____ NO

If you answered "yes" to any of the above questions, list the date, offense and describe the circumstances. In cases of criminal charges, list the specific charge. Use additional paper if necessary. Answering "yes" will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness and the type of position.

Date: ___/___/_____ Offense: _____

City/State in which convicted: _____

Judgment including probation: _____

DISABILITY INFORMATION: It is the policy of the University of South Florida to comply fully with the requirements of the Americans with Disabilities Act of 1990, 42 U.S.C. 12101, and all other Federal and State laws and regulations prohibiting discrimination on the basis of disability or handicap. Please refer to the USF ADA Policy 0-008A located at http://usfweb.usf.edu/usfgc/gc_pp/genadm/gc008a.htm.

HOUSESTAFF HANDBOOK: I acknowledge that the USF Resident Handbook for the year 2009-2010 is available online at: www.hsc.usf.edu/housestaff/new/incoming.htm. Click on Housestaff Handbook.

Signature _____ Date _____

