

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE Y 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:				Telephone: ()
Permanent Address:	City	State	Zip	Telephone: ()(Permanent)
No. & Street	City	State	Zip	E-Mail:
Position (<i>circle</i>) Reside	ENCY	FELLOWSHI	P	
Year of Training (circle) 1st 2nd 3	3rd 4th	5th 6th	n 7th	Your NRMP#:
Specialty:				Training to commence:
Sub-specialty:				Training to commence:
Name, address and telephone numbe				
of someone who can always reach you during the application process	Addroce:			
22gs application process.				
	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 other than a minor traffic violation?		Date of Convic	etion:	Offense:
(Ui	nless job-related, ti	his information wi	II not restrict er	mployment).
	PRE	MEDICAL EDU	CATION:	
College or University:				
Dates Attended:	Degree Received:			Date of Graduation:
	MI	EDICAL EDUC	ATION:	
Name of Institution:				
Dates Attended:	_ Degree Red	ceived:		Date of Graduation:
Other Institutions Attended (give dates):				
(Please turn to side 2)				

PLEASE HAVE REGISTRAR
OF MEDICAL SCHOOL SEND
TRANSCRIPT OF GRADES

GRADUATE MEDICA	AL EDUCAT	ION AND EX	(PERIENCE:
Include type of internship, residency and/or fellowship experience, received, using additional sheet if necessary.	, military serv	ice with dates	and rank. Account for all years since M.D. degree
Present Status:			
	LICENSUR	RE:	
List states in which licensed to practice:			
Please provide U.S.M.L.E. Scores and I.D. Number:			Score
			Score
ECFMG Certificate Number (if applicable):			
REFEREN	ICES AND	TRANSCRIP	T:
applicants must also submit letters from the Program Directors of any of The responsibility for securing letters of reference rests with the applic gram in which the applicant is interested. Please list the names, titles, may expect letters of reference.	ant and all let	ters should be	forwarded directly to the Program Director of the training pr
PRE-EMPLOYMENT STATEMENT:			
I certify that the information provided on this application and a rect. I understand that any incomplete, incorrect, false statement or I understand that neither this application nor my status as an emp and agree that my employment is for no definite period and may, at any time, with or without cause, and without previous notice. I a alter or change (verbally or otherwise) any of the provisions conta the President or his/her designee in writing. I understand that all o isfactory completion of a post-offer/pre-employment medical exam my employment or schooling. I hereby release Fletcher Allen Healt sibilities or liability that may arise from an investigation of my emp ditional offer of employment is made, Fletcher Allen Health Care we the Department of Aging and Disabilities and that any conditional or releases permitting the commissioner to check the record of my crequest shall not be released or disclosed to any person.	misrepresental ployee, shall cre regardless of the acknowledge are inned in his/her offers of employ ination. I autho h Care, and an ployment and so will file separate offer is continge	ion may result in eate any employ ne time and mar id understand th handbook and the ment are condition irze my former e y persons or org schooling or from written requests ent upon the resu	denial of employment or dismissal if I am hired. If hired, ment contract or term, express or implied. I understand oner of payment of my wages and salary, be terminated at no one except the President or his/her designee can that any changes in this handbook can only be made by it is in the president or his/her designee can that any changes in this handbook can only be made by it is in the president of satisfactory references and my satishal upon receipt of satisfactory references and my satisfactory references and
APPLICANT SIGNATURE:			DATE: