

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE 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

Space for
Photograph
(Optional)

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: _____
No. & Street City State Zip

Telephone: () _____
(Daytime)

Permanent Address: _____
No. & Street City State Zip

Telephone: () _____
(Permanent)

Position (*circle*) RESIDENCY FELLOWSHIP

Year of Training (*circle*) 1st 2nd 3rd 4th 5th 6th

Your NRMP#: _____

Specialty: _____

Training to commence: _____

Sub-specialty: _____

Training to commence: _____

Name, address and telephone number
of someone who can always reach you
during the application process:

Name: _____
 Address: _____
 Telephone: _____

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 or offense
other than a minor traffic violation? No Yes Date of Conviction: _____ Offense: _____

(Unless job-related, this information will not restrict employment).

PREMEDICAL EDUCATION:

College or University: _____

Dates Attended: _____ Degree Received: _____ Date of Graduation: _____

MEDICAL EDUCATION:

Name of Institution: _____

Dates Attended: _____ Degree Received: _____ Date of Graduation: _____

Other Institutions Attended (*give dates*): _____

(Please turn to side 2)