

**University of Pennsylvania School of Medicine
SP Program**

<http://www.med.upenn.edu/spprogram>

Employment Application

Name:

Date:

Complete Address:

Home Phone:

Cell:

Fax:

Email:

If you have email, do you check it on a regular basis?

Yes

No

Emergency Contact:

Number:

1) Please list the last three positions you have held, including the dates, employer and a brief description:

a)

b)

c)

2) Education:

3) Please list three professional references, including name, best contact info, and your relationship to this person:

a)

b)

c)

4) Have you previous experience as an SP? If yes, where, how long, etc.

5) Have you any acting experience? If yes, where, how long, etc.

6) What makes you interested in working as an SP?

7) What days/times during the week will you normally NOT be able to work?

7) How did you hear about the SP Program? If it was an SP in our program, who was it?

8) Do you have a close relationship with someone who is enrolled in UPenn's School of Medicine?
If yes, please specify (i.e. significant other, immediate family member, roommate, close friend, etc).

9) What special skills, abilities, or experiences do you feel you bring to this role?

10) Please list any other information you feel would be helpful to us:

If you are hired, we will ask you to disclose any significant medical information that may become apparent during practice exams (i.e. scars, history of illnesses, etc).

Signed: _____ Date: _____

Please return completed application and a photo of yourself if possible to:

**SP Program
Suite 100, Stemmler Hall, 3450 Hamilton Walk
Philadelphia, PA 19104-6087
upennsp@mail.med.upenn.edu
215/573-1172 phone
215/898-0833 fax**

Thank you for your interest. We will contact you if a position becomes available.