

## Genitourinary Teaching Associate (GTA) Job Application

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about the GTA Program?

\_\_\_\_\_

Please explain the reason for your interest in becoming a GTA.

\_\_\_\_\_

Have you worked as a Standardized Patient before?	Yes	No
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If yes, provide details: \_\_\_\_\_

Have you worked as a GTA before?	Yes	No
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If yes, provide details: \_\_\_\_\_

Do you have any teaching experience?	Yes	No
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If yes, provide details: \_\_\_\_\_

Do you have any relatives who are currently employed by this University?	Yes	No
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If yes, please provide their name and relationship: \_\_\_\_\_

Are you currently a UCF employee?	Yes	No
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Only United States (U.S.) citizens or aliens who have a legal right to work in the U.S. are eligible for employment.

Are you legally authorized to work in the United States?	Yes	No
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Will you now or in the future require sponsorship for employment visa status?	Yes	No
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### Education

Name of School: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Degree: \_\_\_\_\_

Are you currently enrolled?	Yes	No
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### Work Experience (Add up to 3)

1. Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

### Additional Information

Indicate any professional or occupational licensure; registration or certification (e.g. Florida Teaching Certificate, Florida Class C License, Registered Nurse Certificate, other languages, etc.) you currently hold or any special knowledge, skills, or abilities:

\_\_\_\_\_

### Criminal History

Are there any criminal charges now pending against you other than noncriminal traffic violations?

Yes No

If yes, please state the charges, dates, and location: \_\_\_\_\_

Have you ever been convicted in court of felony or misdemeanor? Yes No

If yes, please describe the charges, date of conviction/adjudication, court location and disposition:

\_\_\_\_\_

### Supplemental Questions. Required fields are indicated with an asterisk (\*).

1.\*Do you have a high school diploma/GED and two years of appropriate experience?

Yes No

2.\*Are there any factors that may serve as a barrier to you participating in the examination?

Yes No

3.\*Have you had any surgery or condition that would prevent you from doing the pelvic exam?

Yes No

4.\*Have you had any surgery or condition that would prevent you from doing the breast exam?

Yes No

Please see the following link regarding our internet privacy policy here at the University of Central Florida:

<http://www.ucf.edu/internet-privacy-policy/>

**You must include a Resume and Cover Letter to be considered for an interview.**