|  |
| --- |
| **Information in this section should be completed by the student before submitting to HR.** |
| **Personal** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Contact phone No.:** |       |
| **Address:** |       |
|  **SSN:** |       | **Date of Birth:** |       |
| **Email address:** |       |
| \*TRMC will verify to ensure that your SSN matches your name. |

 |
| **Emergency****Notification** | In case of an Emergency, notify:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Phone No.:** |       |
| **Address:** |       |

 |
| **Criminal** **History** |

|  |  |
| --- | --- |
| **Other than traffic violations, have you ever been convicted of a crime?** | [ ]  Yes [ ]  No |
| **If yes, please describe:** |       |

\*Depending on the nature of the crime (felony – theft, etc.) TRMC will elect to prohibit your services. |
| **Accountability** | I understand that this form is used for informational purposes only and does not constitute an employment agreement or contract. I agree to abide by hospital policies and procedures. I understand that the Department Manager in which department I am placed will oversee my work performance during the contract/service agreement period and will report any findings to administration and individual/group contract entity, as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | Date: |       |

 |
| **School** | **Thibodaux Regional Medical Center has entered into a contract/service/affiliation agreement with:**

|  |  |
| --- | --- |
| **School/Program:** |       |
| **Contact Person:** |       | **Phone No.:** |       |
| **Address:** |       |

 |
| **Authority** | **Human Resources to designate appropriate Director responsible for Student Extern/Intern:**

|  |  |  |  |
| --- | --- | --- | --- |
| **On-site Training Begins**: |       | **Ends:** |       |
| **Department:** |

 |
| **Insurance** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate of Insurance is Attached:**  | [ ]  | Yes | [ ]  | No |
| **Policy No:** |       | **Expiration:** |       |

 |
| **For TRMC Use Only** |
| **Query** | **For Human Resources Use Only**Sanction Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office of Inspector General:** | [ ]  | No Match | [ ]  | Match | \*If a Sanction “match results, TRMC |
| **System Awards Management:** | [ ]  | No Match | [ ]  | Match | Will elect to prohibit your services |
|  **Date:** |  | **HR Initials:** |  |

 |

Thibodaux Regional Medical Center does not discriminate on the basis of any protective status.