

**UC Davis Health System
 Department Of Pathology and Laboratory Medicine
 EDMONDSON FELLOWSHIP PROGRAM APPLICATION FORM**

Applications are due by the postmark date March 1. Complete and return with an unofficial copy of your transcript, a statement of personal interest, and all application materials to:

**Jiunn Huang, PhD, CLS
 Pathology Education Office/Edmondson
 UC Davis Health System
 3740 Business Drive
 Sacramento, CA 95820
 Phone: (916) 734-0231 Fax: (916) 734-0320**

Please type or print clearly using a pen:

1	Name (Last, First)	Last: _____ First: _____
2	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
3	DOB	
4	Driver License #	
5	Current address & phone number	Address: _____ Phone: _____
6	Permanent Address & phone number	Address: _____ Phone: _____
7	Current E-mail address	
8	Permanent E-mail address	
9	Current UCD employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	California Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, please fill out question #12.
12	Permanent Resident Visa #	
13	Name of School currently attending	
14	Major	
15	Current Grade level	
16	Graduation Date	
17	GPA (not weighted)	
18	2 Reference letters	Name: _____ Name: _____

Name: _____

EMPLOYMENT/LABORATORY EXPERIENCE

Dates Employed	List previous employment/ volunteer/research positions pertinent to the program application.	
From Mo. Yr. _____ To Mo. Yr. _____	Firm Name	Job Title
	Street Address	Duties
	City State Zip	Supervisor
From Mo. Yr. _____ To Mo. Yr. _____	Firm Name	Job Title
	Street Address	Duties
	City State Zip	Supervisor
From Mo. Yr. _____ To Mo. Yr. _____	Firm Name	Job Title
	Street Address	Duties
	City State Zip	Supervisor

SIGNATURE _____ **DATE** _____

UNIVERSITY OF CALIFORNIA, DAVIS HEALTH SYSTEM
Department of Pathology and Laboratory Medicine

APPLICATION FOR EMPLOYMENT

APPLICANT SURVEY

Name: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Phone: Home: _____ Work: _____

The United States Department of Labor requires the University of California to produce periodic reports on gender and ethnic identity of applicants for positions at UCD/UCDHS. PROVIDING THIS DATA IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL. Choosing not to complete this form will not affect your opportunity for employment with the University.

How did you learn about this position? (Please check one only and enter name of source, if applicable):

- | | |
|--|--|
| <input type="checkbox"/> Advertisement (A) | <input type="checkbox"/> Professional Organization (F) |
| <input type="checkbox"/> Employment Opportunities Bulletin (B) | <input type="checkbox"/> Special Recruitment (G) |
| <input type="checkbox"/> Employment Office Bulletin Board (C) | <input type="checkbox"/> Recruitment/Outreach Specialist (H) |
| <input type="checkbox"/> Recorded Job Line (D) | <input type="checkbox"/> Friend or Colleague (I) |
| <input type="checkbox"/> Community Agency (E) | <input type="checkbox"/> Job Fair (K) |
| <input type="checkbox"/> Internet (L) | <input type="checkbox"/> Other (J) |

Name of Source: _____

Employee Status (Please check any which apply to you):

- Current UCD/UCDHS Employee (A/K/I)
 Current UCD/UCDHS Layoff Preference Status (B/L/LO)
 UCDHS Student Nursing Experience (C/M)

Sex (Please Check one):

- Female (F)
 Male (M)

Race/Ethnicity (Please check one):

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native (C) (Please specify tribal affiliation: _____) | <input type="checkbox"/> Chinese/Chinese American (K) |
| <input type="checkbox"/> Black/African American (Not of Hispanic origin) (A) | <input type="checkbox"/> East Indian/Pakistani (R) |
| <input type="checkbox"/> Latin American/Latino (Including Cuban & Puerto Rican) (G) | <input type="checkbox"/> Filipino/Pilipino (L) |
| <input type="checkbox"/> Mexican/Mexican American (E) | <input type="checkbox"/> Japanese/Japanese American (B) |
| <input type="checkbox"/> Other Spanish/Spanish American (W) | <input type="checkbox"/> Other Asian (Including the Far East, Korea, Southeast Asia or Pacific Islands, Samoa) (X) |
| <input type="checkbox"/> White/Caucasian (Including the Middle East) (F) | |

Vietnam Era Veteran (V)

A person who (1) served on active duty for more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was not dishonorably discharged or (2) was discharged from active duty for a service-connected disability if any part of such active duty was performed between 8/5/64 and 5/7 75.

Special Disabled Veteran (S)

A veteran who (1) received disability compensation from the Veteran=s Administration for a disability of 30% or more or (2) was discharged or released from active duty for a disability incurred or aggravated in the line of duty or (3) has a disability rating of 10-20% who has been determined by the Veteran=s Administration to have a serious employment disability.

Individual with a Disability (H) The regulations implementing Section 503 of the Rehabilitation Act of 1973 require that the University, as a Federal contractor, invite all applicants who believe they are covered by the Act to identify themself