BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

Healthy People

Healthy Communities

PublicHealth
Prevent. Promote. Protect.

Application for Medical Advisor

Name: _____

Home address: _____

Home Phone: _____ **Personal Cell Phone:** _____

Work Phone: _____ **Other Phone:** _____

Personal E-mail Address: _____

Please note, this position may require that you be contacted after hours and/or on weekends in the event of a public health emergency. Please be sure you can be reached via the contact information above.

Are you legally allowed to practice medicine in Connecticut? Yes   No

CT Medical license number: _____

Are you currently working in the Bristol/Burlington area? Yes   No

   If yes, how long have you worked in the Bristol/Burlington area? _____ Years

Do you possess any board certifications? Yes   No

   If so, which board certifications to you possess? _____

Are you fluent in another language beside English? Yes   No

   If yes, which language(s)? _____

Please attach your CV/resume and a list of 3 references with contact information.

The Bristol Burlington Health District (BBHD) is an equal opportunity employer. BBHD does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, gender identification and expression, marital status, physical or mental disability, or military status.

I understand that neither the completion of this application nor any other part of my consideration for medical advisor establishes any obligation for BBHD to select me. If I am selected, I understand that either BBHD or I can terminate my selection at any time for any reason.

I attest with typing my name below, as it acts as my signature, that I have given true and complete information on this application. No requested information has been concealed. I authorize BBHD to contact references provided for reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____   **Date:** _____