



Federal Bureau of Prisons

“Do Your Career Justice”

Medical Recruitment Questionnaire



(Please type or print clearly)

Name:

Last _____ First _____ M.I. _____

Mailing Address:

Work Phone _____

Street _____ Home Phone _____

City _____ Call at work Yes / No

State/Zip _____ Alt. Phone _____

Email Address: _____

U.S. Citizen Yes / No Date Available ____ / ____ / ____

Date of Birth month ____ day ____ year ____ Geographic Area(s) Preferred _____

Social Security Number ____ - ____ - ____ _____

Profession _____

Board Certification Yes / No / Eligible

Specialty _____

Professional Degree _____

Professional School _____

Graduation Date month ____ day ____ year ____

State Licensed/Registered _____

Prior Active Military Yes ____ No ____ # of Years ____

Active Reserves Yes ____ No ____ # of Years ____

Prior Federal Government Employment (Civil Service) Yes ____ No ____ # of Years ____

Personnel System Interested In: Public Health Service Commissioned Corps _____

Bureau of Prisons Civil Service _____

Comments: (Field of interest? Additional educational background? Salary expectations? Special considerations for self and/or family?) _____

Please Contact:

Medical Recruitment Office
 Health Services Division/BOP
 320 First Street, NW, Room 1034
 Washington, DC 20534

(Internet)

1-800-800-2676

Fax 202-305-7715