

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)		ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT ADDRESS		APT NO.	
CITY	STATE	ZIP	
PHONE NUMBER ( ) -	E-MAIL ADDRESS		

**DESIRED EMPLOYMENT**

POSITION	DATE AVAILABLE	SALARY DESIRED \$ <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> Employment agency <input type="checkbox"/> Newspaper advertising <input type="checkbox"/> Friend <input type="checkbox"/> State employment office <input type="checkbox"/> College placement service <input type="checkbox"/> Walk in <input type="checkbox"/> Other, please describe:		

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	YEAR GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
VOCATIONAL OR TRADE SCHOOL				
OTHER				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

**SERVICE RECORD**

BRANCH OF SERVICE
RANK
DISCHARGE DATE

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

## FORMER EMPLOYERS

PLEASE LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$ <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	FINAL SALARY \$ <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR		
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	PHONE ( ) -	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PAST EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	FINAL SALARY <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR		
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	PHONE ( ) -	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PAST EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	FINAL SALARY <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR		
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	PHONE ( ) -	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

## REFERENCES

	NAME	OCCUPATION	YEARS KNOWN	PHONE
1.				
2.				
3.				

## COMPETENCY BASED QUESTIONS

PLEASE REVIEW ALL OF THE BELOW QUESTIONS AND CHOOSE THREE QUESTIONS TO ANSWER. PLEASE LIMIT YOUR RESPONSE TO APPROXIMATELY 100 WORDS OR LESS.

Can you please give an example of when you've overcome a problem in your occupation?

What place does empathy play in your work? Can you please give an example where you needed to show empathy?

How would you deal with an angry customer?

Can you please describe a situation where you were asked to do something that you had never attempted previously?

Under what conditions do you work best and worst?

How do you deal with stress? Can you please provide an example of a situation where you worked under pressure?



exists to serve as a medical home to individuals with limited access to healthcare.

We are a not-for-profit federally qualified health center committed to quality healthcare and dedicated to the health and well-being of our community through partnerships with patients, providers, and community – based organizations.

We strive for excellence through the following commitments:

- To assure our patients of a clean and comfortable environment.
- To promote diversity and respect for all human differences.
- To provide prompt, friendly and courteous service by a knowledgeable, highly trained and compassionate staff.
- To respond in a rapid, sensitive and non-confrontational manner that will enhance our patient's healthcare experience.
- To partner with and empower our patients to take an active role to improve your health.

*“To improve the health of our community by providing high quality and accessible medical, dental, and behavioral health services to Springfield, Missouri and the surrounding areas.”*

For more information on Jordan Valley Community Health Center, as well as the option to download and submit this application electronically, please visit us at our web site located at [www.jvchc.com](http://www.jvchc.com).

## AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Jordan Valley Community Health Center (the "Company") from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company representative."

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION