



**FAMILY HEALTH CENTERS
APPLICATION FOR EMPLOYMENT**

Family Health
Centers

716 – 1st Ave. S. / P.O. Box 1340, Okanogan, WA 98840
Ph: 509-422-5700 – Fax: 509-422-7680

MUST BE COMPLETED IN FULL TO BE CONSIDERED

PLEASE PRINT

Name: _____ Today's Date: _____
Last First Middle

Previous Name(s): _____ Date Avail. to Work: _____

Position Applied for: _____ Wage Desired: _____

Address: _____
Street/PO Box City State Zip

Professional License #: _____ Expiration: _____ State(s): _____

Drivers License #: _____ State: _____ E-Mail: _____

Phone: (____) _____ (____) _____ (____) _____
Home Daytime Message / Cell

How did you learn about this job?: Ad Work Source Walk In Internet Other

FHC Employee – Name (for employee referral program): _____

Do you have any relatives employed here?: Yes No Name/Relationship: _____

Have you been employed here previously?: Yes No Dates (if yes): From: _____ To: _____

If you are under 18, can you furnish a work permit?: Yes No

Are you legally eligible to work in the United States?: Yes No

Type of employment desired: Full Time Part Time Temporary

If required, are you willing to work: Weekends Overtime - Check Site Preference: Okanogan
 Okanogan Dental Brewster Brewster Dental Tonasket Oroville Dental

Are you willing to drive between clinic sites if the job requires it?: Yes No

Have you ever been convicted of a criminal offense?: Yes No *(If the answer is yes, you must explain on a separate sheet of paper and attach it to this application. Do not include any convictions that were sealed, eradicated, expunged or any convictions that resulted in a referral to a diversion program. A conviction record will not necessarily disqualify you from employment).*

EDUCATION: (Please list actual dates attended)

School	Did you Graduate	Name of School	Location	Dates Attended	Course of Study	Diploma/Degree
High School						
College/University						
Graduate School						
Other						

LANGUAGE SKILLS: List any foreign language(s) and check skill level

Language: _____	<input type="checkbox"/> Read/Write/Speak	<input type="checkbox"/> Read/Write	<input type="checkbox"/> Read/Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Speak
Language: _____	<input type="checkbox"/> Read/Write/Speak	<input type="checkbox"/> Read/Write	<input type="checkbox"/> Read/Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Speak
Language: _____	<input type="checkbox"/> Read/Write/Speak	<input type="checkbox"/> Read/Write	<input type="checkbox"/> Read/Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Speak

EMPLOYMENT HISTORY

List most recent employer first. Include at least 10 years and account for any time gaps in your employment history, including any military service. (Attach additional sheet or resume if desired.) Please complete this section even if you are attaching a resume. “See Resume” is not sufficient.

Name of Employer: _____ Phone: (____) _____

Address: _____
Street/PO Box *City* *State* *Zip*

Job Title: _____ Date employed (mo/yr): From: _____ To: _____

Starting Salary: _____ hour _____ month Ending Salary: _____ hour _____ month

Supervisor: _____ May we contact your employer for a reference?: Yes No Later

Job Duties: _____

Your reason for leaving: _____

If you were unemployed at this time, list dates: From: _____ To: _____

Reason unemployed: _____

Name of Employer: _____ Phone: (____) _____

Address: _____
Street/PO Box *City* *State* *Zip*

Job Title: _____ Date employed (mo/yr): From: _____ To: _____

Starting Salary: _____ hour _____ month Ending Salary: _____ hour _____ month

Supervisor: _____ May we contact your employer for a reference?: Yes No Later

Job Duties: _____

Your reason for leaving: _____

If you were unemployed at this time, list dates: From: _____ To: _____
Reason unemployed: _____

Name of Employer: _____ Phone: (____) _____
Address: _____
Street/PO Box *City* *State* *Zip*
Job Title: _____ Date employed (mo/yr): From: _____ To: _____
Starting Salary: _____ hour _____ month Ending Salary: _____ hour _____ month
Supervisor: _____ May we contact your employer for a reference?: Yes No Later
Job Duties: _____

Your reason for leaving: _____

If you were unemployed at this time, list dates: From: _____ To: _____
Reason unemployed: _____

Name of Employer: _____ Phone: (____) _____
Address: _____
Street/PO Box *City* *State* *Zip*
Job Title: _____ Date employed (mo/yr): From: _____ To: _____
Starting Salary: _____ hour _____ month Ending Salary: _____ hour _____ month
Supervisor: _____ May we contact your employer for a reference?: Yes No Later
Job Duties: _____

Your reason for leaving: _____

If you were unemployed at this time, list dates: From: _____ To: _____
Reason unemployed: _____

REFERENCES

List name and telephone number of three business/work/professional references that are NOT related to you.

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ or (____) _____

How do you know this person?: _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ or (____) _____

How do you know this person?: _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ or (____) _____

How do you know this person?: _____

SKILLS OR SPECIAL TRAINING

Check all skills, training or experience boxes that apply to you:

Typing _____ WPM Data Entry Ten-Key by touch Multi-line phones Reception

Medicare/Medicaid Medical Transcription Medical Terminology

Patient Billing Insurance Billing ICD-9 & CPT Coding Collections

Computers PowerPoint MSWord Excel Access Outlook

Bookkeeping General Accounting AR/AP General Ledger Payroll

Patient Care: Dental Medical Sterile Technique Lab X-Ray Vital Signs Charting

I understand that Family Health Centers is obligated to provide a drug-free workplace in order to receive state and federal grant funds and that I will be required to pass a drug test before a final offer of employment is made.

Employment at Family Health Centers is at-will and that means my employment and compensation can be terminated with or without cause and with or without notice, at any time at the option of either the agency or myself.

I certify that the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for my dismissal. I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon the checking of references furnished by me, and give the Employer the right to check and investigate such references. I consent to and authorize Family Health Centers and its personnel to request any information concerning my previous employment record as indicated on this Application for Employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing such job related information.

Signature of Applicant: _____ **Date:** _____ / _____ / _____



Request for Diploma

If you have indicated on your application that you have a degree, we will require proof of the degree from you. Please present a copy of your diploma(s) to Human Resources on your first day of employment.

Failure to produce proof of a degree may result in immediate termination of employment.

Please contact Human Resources with any questions you may have. Call 509-422-5700 or email us at HR@myfamilyhealth.org.

Thank you.



NOTIFICATION OF INTENT TO CONDUCT RECORD SEARCH

The undersigned, _____, hereby acknowledges that he/she has been notified by Family Health Centers that inquiry may be made to the Washington State Patrol Identification and Criminal History Section to disclose any convictions of crimes against children or other persons, crimes relating to drugs, crimes relating to financial exploitations or a vulnerable adult and certain civil adjudications as may be on file pursuant to RCW 43.43.830-845.

This record check shall be used by Family Health Centers only in making the initial employment or engagement decision. Further dissemination or use of the record by Family Health Centers is prohibited. Family Health Centers will notify the applicant within ten days after receipt of the state patrol's response and shall provide a copy of the response to the applicant.

DATED this _____ day of _____, 20_____.

Signed: _____

Printed Name: _____
First Middle (spell out middle name) Last

Maiden Name or Alias: _____

Female Male

Date of Birth: _____

Social Security #: _____

Drivers License #: _____

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AUTHORIZATION

I have carefully read and understand this notice and authorization form and I have read and understand the "Summary of Your Rights Under the Fair Credit Reporting Act" provided with this form. By my signature below, I consent to the release of consumer and/or investigative consumer reports to the Company as described above and consistent with the requirements imposed on Family Health Centers (FHC) as described in the Summary.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to FHC by me before, during or after my employment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me.

I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, to the extent allowed by law, for employment-related purposes during and after my employment. I understand that if employed by FHC my consent will apply throughout the entire time I am employed by the FHC unless I revoke or cancel my consent by sending a signed letter to Deborah Harris, FHC Human Resources Director, P.O. Box 1340, Okanogan WA 98840.

Employee Last Name _____ First _____ Middle _____
(Spell out middle name)

Present Address _____

City/State/Zip _____

Social Security Number _____

Driver's License Number _____ License Number _____

Professional License Number: State _____ Type _____ Number _____

Signature

Date

HUMAN RESOURCES WILL FILL IN BELOW AFTER OFFER OF EMPLOYMENT

Date of Birth: _____

Gender: F M

DISCLOSURE AND AUTHORIZATION FORM

Family Health Centers (FHC) will procure a consumer report and/or investigative consumer report on you in connection with your employment application. Intelius Screening Solutions LLC (d/b/a "TalentWise") is a consumer reporting agency that will obtain the report for FHC. TalentWise is located at 500 108th Avenue NE, 25th Floor, Bellevue, WA 98004 and can be reached at (425)974-6100.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, education institutions or other acquaintances.

Provided to you with this authorization is a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. Please do not sign the authorization until you have reviewed this summary.

You also are entitled to request more information about the nature and scope of the report we are requesting your authorization to obtain by submitting a written request to Deborah Harris, FHC Human Resources Director, P O Box 1340, Okanogan WA 98840.

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
Office of Deputy Administrator - GIPSA	Washington, DC 20250 202-720-7051