

INTERNAL Employment Application



The purpose of this form is to review your eligibility and qualifications for job reassignment and/or promotion. Please complete and email this application, with your updated resume (if employed by FHC for more than 12 months) to jobs@cfamhc.org.

INTERNAL Applicant Information

Position applied for:		Date:	
Location(s) applied for:	<input type="checkbox"/> Administration <input type="checkbox"/> Longview Medical <input type="checkbox"/> Longview Dental <input type="checkbox"/> Broadway Campus <input type="checkbox"/> 14 th Avenue Clinic	<input type="checkbox"/> Women, Infants, Children (WIC) <input type="checkbox"/> First Steps (MSS) <input type="checkbox"/> Kelso Clinic <input type="checkbox"/> Grade Street Campus <input type="checkbox"/> Phoenix House	<input type="checkbox"/> Woodland Clinic <input type="checkbox"/> Castle Rock Clinic <input type="checkbox"/> Toutle River Campus <input type="checkbox"/> Wahkiakum Clinic <input type="checkbox"/> North Beach Clinic
Name: Last	First	M.I.	
Home Phone:	Cell Phone:	Email:	
Current Job Title:	Current Supervisor:	Current Schedule:	
Current Department:	Time in Current Position:	Time at FHC:	

Please answer the questions below (If you need additional room for your responses, please add a second sheet of paper or add to the body of your email):

1. Can you, with or without reasonable accommodation, perform the essential functions of this job? (If you have any questions about the functions of the job, please ask Human Resources for a copy of the complete job description before answering.)
 Yes No Comments:
2. Why are you interested in this position?
3. Why do you want to leave your current position?
4. If asked, what would your current supervisor say about you?
5. If asked, what would your current co-workers say about you?
6. Describe your current qualifications including education, skills, abilities, and work experience in relation to the job you are applying for:
7. What has been your greatest contribution in your current position?
8. In what areas do you feel you can improve your skills and/or performance?
9. What are your career goals?
10. Of all the applicants we interview, why should we choose you for this position?

By signing below you signify that all information contained above is accurate, that you have read the job posting and you understand, are able and willing to perform the functions and duties of this position. In order to assist you in your career development, and to ensure that there is clear communication between departments, your current supervisor may be notified that you are applying for this position.

Signature: <i>Please type your full name above if submitting this form electronically.</i>	Date:
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