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) Administration		Woodland Clinic
applied for: 12 th Avenue Clinic	First Steps (MSS)	Castle Rock Clinic
Longview Dental	Kelso Clinic	Toutle River Campus
Broadway Campus	Grade Street Campus	Wahkiakum Clinic
Float 14 th Avenue Clinic	Phoenix House	North Beach Clinic
Name: Last Home Phone:	<i>First</i> Cell Phone:	<u> </u>
Current Job Title:		
Current Department:	Current Supervisor: Current Schedule:	
How long in Current Position:	How long at FHC:	
Please answer the questions below. If you are completing this form by hand and need additional room for		
your responses, please add a second sheet of paper.		
Please send a copy of your updated resume with this application if you have worked at Family Health Center		
for over a year or more. Resume attached? YES NO		
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?		
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?		
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?		

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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: *Please type your full name above if submitting this form electronically.*

Date: