

Louisville Metro Civil Service Employment Application Supplement Family Health Centers

Answer each question completely and accurately. Incomplete or false answers may lead to disqualification from consideration for employment. If you failed to provide a complete work history on your application, please provide that information on this supplement. We require that all applicants report any employment during the past ten years, listing all gaps in employment. This information is essential for a thorough evaluation of your work history.

Organizational Requirements

Family Health Centers is a fast-paced, federally qualified health center (FQHC) that serves patients without regard to their ability to pay. The following statements describe attributes and tasks required for all FHC employees. Please read the statements CAREFULLY. After reading them, please indicate whether you are willing to learn and comply with the statements AND if you think that this position would be a good fit for you. If you accept this position, you would be expected to:

- Learn and follow Family Health Centers' Mission, Vision and Values.
- Treat all customers (internal and external) in a professional, courteous, friendly and polite manner, without regard of their ethnicity, language, culture, and/or documentation status.
- Identify patients with Limited English Proficiency (LEP) and other communication barriers and use appropriate interpretive services.
- Serve patients who may be homeless, impoverished, have mental illness and/or substance abuse issues, and/or other life difficulties.
- Maintain self in a professional manner (behavior and appropriate dress).
- Exhibit excellent customer service skills.
- Exercise sound judgment and seek ways to solve problems, resolve conflict and address complaints in a professional manner.
- Perform additional tasks as required, including assisting other departments when needed.
- Be prepared for work, at the scheduled time.
- Exhibit tact and diplomacy while working with the public and FHC coworkers, in order to promote collaboration in carrying out FHC goals and objectives.
- Follow all Policies and Procedures of Family Health Centers, including confidentiality requirements and HIPAA laws (privacy and security).
- Learn and be familiar with FHC's organizational structure and services offered.
- Work independently and collectively as a team.
- Follow standard precautions, safety policies and emergency codes, according to OSHA, licensure, and the Joint Commission requirements.
- Organize projects, manage time, and attend to detail.
- Be committed to continuous improvement and maintain flexibility as priorities change.
- Help ensure that the work environment is clean, comfortable, secure and properly equipped.
- Demonstrate respect for profession, organization, self and other people.

I have CAREFULLY read the Family Health Centers requirements. I agree that I can learn to do all the stated requirements and that I would be a good fit for this position. YES____ NO____

Personal Belief Statement

Please state in your own words why you are applying for this position and why you want to work for Family Health Centers, Inc.

Personal Background Information

Please answer the following Yes or No questions and explain where necessary:

- Since the age of 18, have you ever been convicted of a crime? Yes No
If yes, list the crime(s) for which you were convicted, date, county and state.
- Have you used, possessed, grown, bought or sold marijuana during the past 5 years? Yes No
If yes, list the date and circumstances of each occasion of use, possession, buying or selling.
- Have you used, possessed, manufactured, bought or sold any controlled substance or narcotic drug without a prescription, other than marijuana during the past 5 years? Yes No
If yes, list the date and circumstances of each occasion of use, possession, buying or selling.
- If you hold any professional certifications and/or licenses, are you currently on probation, or have you ever been on probation, at any time in this state or another state? Yes No
If yes, list the date and circumstances.
- Please list all names that you have ever been known by (including maiden name, nicknames and/or previously names used.)
- List below all addresses at which you have resided in the past five (5) years.
- Do you speak any language(s) other than English fluently? Yes No
If yes, list the language(s) below and any certifications/degrees held in that language.

Work History

- Did you list all employment (including through temporary agencies, student assignments and volunteer work) and explanations for gaps in employment for the past 10 years? Yes No
If no, list the employers and/or gaps in employment with the approximate dates of each. (*use additional sheets as needed.*)
- Have you ever been terminated, including layoffs and resignation in lieu of termination, from a position (including paid and non-paid positions)? Yes No
If yes, list the agency, dates of employment (or assignment including temporary, volunteer and student) and reason for termination.
- Have you ever applied, interviewed or worked for Family Health Centers (including student, volunteer and temporary positions)? Yes No
If yes, please list dates and position(s).
- How did you hear about this position at Family Health Centers?
If you heard about this position from a FHC employee, please list their name here.

References

- Please list the name, address, phone number and email address of three (3) personal references.
(*Please ensure that these individuals are aware that a representative from FHC may be contacting them and that they have your permission to discuss employment-related inquiries.*)

Name	Address	Phone Number	Email Address

- Please list the name, company, phone number and email address of three (3) professional references. (*Please ensure that these individuals are aware that a representative from FHC may be contacting them and that they have your permission to discuss employment-related inquiries.*)

Name	Company Name	Phone Number	Email Address

Certification and Authorization

I certify that the answers contained in this document were completed by me, and only me. I further certify that all of the statements made are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that, should investigation at any time show any falsification, I will not be eligible for employment, and if already employed, subject to termination and disqualified from future consideration for employment.

I authorize Family Health Centers, Inc. to make all necessary investigations and further authorize and request from each current and/or former employer, personal and/or professional reference and/or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application or concerning me, my work habits, character, or my action in any transaction. If I am a current or former employee of Family Health Centers, Inc., my signature authorizes FHC to review my personnel file(s) and releases FHC from any and all liability of damages for providing the information released.

Printed Name	Signature	Date
Current Address	Telephone Number(s) where you can be reached	