

# 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](mailto:jobs@cfamhc.org).

<b>INTERNAL Applicant Information</b>			
Position applied for:		Date:	
Location(s) applied for: <input type="checkbox"/> Administration <input type="checkbox"/> 12 <sup>th</sup> Avenue Clinic <input type="checkbox"/> Longview Dental <input type="checkbox"/> Broadway Campus <input type="checkbox"/> Float <input type="checkbox"/> 14 <sup>th</sup> Avenue Clinic	<input type="checkbox"/> 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: <i>Last</i>		Name: <i>First</i>	
Name: <i>M.I.</i>			
Home Phone:		Cell Phone:	Email:
Current Job Title:		Current Supervisor:	
Current Department:		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? <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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?			

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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: