



# APPLICATION FOR EMPLOYMENT

With *PEAK VISTA COMMUNITY HEALTH CENTERS*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Position applied for \_\_\_\_\_ Job # \_\_\_\_\_

Would you prefer: \_\_\_ full-time work?  
                          \_\_\_ part-time work?

May we contact your current employer? *Yes or No*

Were you employed previously by Peak Vista Community Health Centers (PVCHC)?

\_\_\_ Yes: from \_\_\_\_\_ to \_\_\_\_\_; \_\_\_ No

How did you hear about PVCHC?

\_\_\_ Internet  
\_\_\_ Pikes Peak Workforce  
\_\_\_ Newspaper \_\_\_\_\_  
\_\_\_ Military base \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

	Name and location of school	Graduated?	Certificate/Degree
High school	_____	Yes No	_____
Business/ Trade	_____	Yes No	_____
College/ University	_____	Yes No	_____
Graduate/Professional	_____	Yes No	_____

List any business or clinical skills you have that are related to the position for which you have applied:

\_\_\_\_\_  
\_\_\_\_\_

### PREVIOUS EMPLOYERS AND THEIR ADDRESSES:

Please list the most recent employer first. Do not skip any period of employment. If needed, additional entries may be recorded on a separate sheet of paper and attached to this application.

Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Name of supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

Brief description of work responsibilities (*specifically list knowledge, skills, and abilities that you believe relevant to the position for which you are applying*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Name of supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_  
Brief description of work responsibilities (*specifically list knowledge skills abilities that you believe relevant to the position for which you are applying*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Name of supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_  
Brief description of work responsibilities (*specifically list knowledge skills abilities that you believe relevant to the position for which you are applying*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LICENSES/CERTIFICATIONS HELD:**

State Board of Medical Examiners # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
*Is this license current and without restriction?* \_\_\_ Yes \_\_\_ No

Colorado Nursing License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
*Is this license current and without restriction?* \_\_\_ Yes \_\_\_ No

Other Licenses or Certificates \_\_\_\_\_ Expiration Date \_\_\_\_\_  
\_\_\_\_\_ Expiration Date \_\_\_\_\_  
\_\_\_\_\_ Expiration Date \_\_\_\_\_  
*Is this licensure/certification all current and without restriction?* \_\_\_ Yes \_\_\_ No

**BUSINESS/ PROFESSIONAL REFERENCES:**

*(In addition to direct supervisors indicated above)*

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

**PERSONAL REFERENCES:**

*(Other than family members or previous employers)*

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Are you 18 years of age or older?    \_\_\_ Yes    \_\_\_ No

Can you furnish proof of legal right to work in the United States? \_\_\_ Yes    \_\_\_ No

*(Evidence of right to work in the U.S. will be required of all incoming employees.)*

Have you ever been convicted of any law violation, including any pleas of “no-contest” or “guilty”? (Exclude minor traffic violations.)    \_\_\_ Yes    \_\_\_ No

If yes, please provide an explanation on a separate piece of paper.    (If yes, a conviction will not necessarily disqualify an applicant from employment.)

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**JOB APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT:**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize the investigation of any or all statements contained in my application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions (for example, education, criminal, and /or credit background checks), that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that any offer of employment by Peak Vista Community Health Centers will be contingent upon the results of drug screening, background checks and TB test /chest x-ray.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **PEAK VISTA COMMUNITY HEALTH CENTERS' CUSTOMER SERVICE STANDARDS**

- Make eye contact, smile and greet the patient, visitor or employee immediately.
- Use the patient, visitor or employee's name.
- Escort patients, visitors or employees to their requested location if possible.
- Immediately approach a patient, visitor or employee who seems to be lost and offer them assistance.
- Learn what is expected from your department so you can anticipate the needs of the patients, visitors and employees you service.
- Don't speak too rapidly – pace rate of speech so you are easily understood.
- Never say: "I don't know." Say: "I'll find out."
- Never appear hurried even if you are very busy.
- If unable to comply with a patient, visitor or employee's request, offer them an alternative. Avoid negative expressions such as: "That's against company policy."
- Keep a safe environment for our visitors and ourselves. We're all members of the PVCHC Safety Team.
- Keep PVCHC property spotless! If you see something that is out of place, pick it up! Remember, each of us is a member of the PVCHC Beautification Team.
- Act professionally at all times.
- Take ownership of the patient's problems, and try to resolve the matter.
- If unable to respond immediately, give a specific time frame in which the patient, visitor or employee can expect a response.
- Know the services we offer and the locations of all the clinics.
- Go the extra mile!

**If you wish to mail your completed application, send to:**

**Peak Vista Community Health Centers  
Attn: Human Resources Dept.  
340 Printers Parkway  
Colorado Springs, CO 80910**

***The Mission of Peak Vista Community Health Centers is:***

***"To provide exceptional healthcare for people facing access barriers"***