**Employment Application – Patient Service Representative (Front-Desk)**

**Creek Valley Health Clinic**

**20 S Colvin St. Colorado City, Arizona 86021**

Please attach a cover letter and résumé. Email complete application to Hunter.Adams@creekvalleyhc.com

Creek Valley Health Clinic is an equal opportunity employer. This application will not be used for limiting or excluding any applicant for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative through emailing ‘askhr@creekvalleyhc.com’.

***Position applying for:*** *Patient Service Representative*

***Entry Rate:*** *$13.00+ depending on experience*

***Position Description:*** Patient Service Representatives are the first point of contact with patients as they check into appointments. They work as a front desk customer-service agent and are responsible for written and verbal correspondence, scheduling, collecting co-payments, maintaining patient charts, verifying insurance coverage, and ensuring overall patient satisfaction. Many patient service representatives may be cross-trained as medical assistants.

*Please fill out all of the sections below. Please also attach a current* résumé *if available.*

**Candidate Information**

*Applicant Name:*

*Address:*

*City, State, and Zip Code:*

*Telephone Number:*

*Email Address:*

*Date of Application:*

**Employment Questions**

How did you hear about this position?

What days are you available to work?

On which date can you start working if hired?

What is your desired pay rate / salary?

How many years of experience do you have in customer service? 0 , 1 , 2 , 3 , 4 , 5-10 , 10+

How many years do you have working in a healthcare setting? 0 , 1 , 2 , 3 , 4 , 5-10 , 10+

Do you have a current basic life support certification? Yes No

Do you have a high school diploma? Yes No

Have you worked for a Federally Qualified Health Center or rural clinic? Yes No

Do you have experience working with underserved populations? Yes No

Do you have proficiency in the use of electronic health record systems? Yes No

Have you successfully completed an accredited Medical Assistant or related program? Yes No

If yes, please explain the program:

What would you like most about being a patient service representative for Creek Valley Health Clinic?

**Personal Information**

Are you a US Citizen or approved to work in the United States? Yes No

Will you consent to a mandatory controlled substance test? Yes No

Do you have any relatives working for Creek Valley Health Clinic? Yes No

If yes, please state name and relationship:

Do you have any condition which would require job accommodations? Yes No

If yes, please describe the accommodations:

Are you a member of the Armed Services? Yes No

If yes, what military skills do you possess that would be an asset for this position?

While criminal conviction is not an absolute bar to employment, it will be considered in relation to

specific job requirements. Have you ever been convicted of a felony or a misdemeanor, or have you

ever plead no contest to any criminal charges? Yes No

If yes, please provide the date, city, state, and explanation of event:

**Education and Training (You may leave this section blank if included in resume)**

**High School – only include high school you graduated from**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of High School | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**College/University**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of College/University | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of College/University | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**Vocational School / Specialized Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization | Location (City, State) | Year Graduated | Skills / Certificate Earned |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of College/University | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**Previous Employment (You may leave this section blank if included in resume)**

*1* **Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State, and Zip Code:

Employer Telephone:

Dates Employed:

Reason for Leaving:

May we contact this organization for reference purposes? Yes No

*2* **Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State, and Zip Code:

Employer Telephone:

Dates Employed:

Reason for Leaving:

May we contact this organization for reference purposes? Yes No

*3* **Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State, and Zip Code:

Employer Telephone:

Dates Employed:

Reason for Leaving:

May we contact this organization for reference purposes? Yes No

**Job Skills/Qualification (You may leave this section blank if included in resume)**

Please list the skills and qualifications you possess for the position for which you are applying:

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| --- | --- |
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**References**

Please list three references that you have worked with on a professional level:

*1* **Reference Name:**

Reference Job Title:

Reference Company:

Company Address:

Reference Phone Number:

Reference Email:

*2* **Reference Name:**

Reference Job Title:

Reference Company:

Company Address:

Reference Phone Number:

Reference Email:

***3* Reference Name:**

Reference Job Title:

Reference Company:

Company Address:

Reference Phone Number:

Reference Email:

**Voluntary Self-Identification of Disability**

Form CC-305

OMB Control Number 1250-0005  
Expires 1/31/2020

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| Why are you being asked to complete this form? |

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[[1]](#endnote-1)  To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

|  |
| --- |
| How do I know if I have a disability? |

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

|  |  |  |  |
| --- | --- | --- | --- |
| * Blindness | * Autism | * Bipolar disorder | * Post-traumatic stress disorder (PTSD) |
| * Deafness | * Cerebral palsy | * Major depression | * Obsessive compulsive disorder |
| * Cancer | * HIV/AIDS | * Multiple sclerosis (MS) | * Impairments requiring the use of a wheelchair |
| * Diabetes * Epilepsy | * Schizophrenia * Muscular dystrophy | * Missing limbs or partially missing limbs | * Intellectual disability (previously called mental retardation) |
|  |  |  |  |

Please check one of the boxes below:

|  |  |
| --- | --- |
| **☐** | YES, I HAVE A DISABILITY (or previously had a disability) |
| **☐** | NO, I DON’T HAVE A DISABILITY |
| **☐** | I DON’T WISH TO ANSWER |

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Your Name Today’s Date

**Voluntary Self-Identification of Disability**

Form CC-305

OMB Control Number 1250-0005  
Expires 1/31/2020

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| Reasonable Accommodation Notice |

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

1. Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

   PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

   **Applicant Statement**

   I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

   I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from employment whenever it is discovered.

   I expressly authorize, without reservation, Creek Valley Health Clinic, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the Creek Valley Health Clinic, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

   I understand that Creek Valley Health Clinic does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

   I understand that this application remains current only while the position(s) for which it pertains remains open. I further understand that Creek Valley Health Clinic accepts applications for open positions only.

   If I am hired, I understand that Creek Valley Health Clinic is an at-will employer meaning I am free to resign at any time, with or without cause and with or without prior notice, and Creek Valley Health Clinic reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Creek Valley Health Clinic is authorized to make any assurances to the contrary and that no implied verbal or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by Creek Valley Health Clinic’s Chief Executive Officer.

   I also understand that if I am hired, I will be required to furnish proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

   I understand that I must successfully complete a background check as a prerequisite to my employment.

   I understand that drug and alcohol testing is a prerequisite to my employment. I understand that all facilities and offices are drug-free workplaces, and that all employees of the organization are subject to drug and alcohol testing when there is reasonable suspicion of impairment.

   **I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement**

   Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [↑](#endnote-ref-1)