

APPLICATION FOR EMPLOYMENT

Attach a resume or vitae and complete this application fully and accurately. No action can be taken on this application until you have answered all questions. If you do not have enough room on this application, please provide additional documentation electronically. **PLEASE FILL OUT AND SIGN.**

Last Name	First Name	MI	Degree
-----------	------------	----	--------

Present Street Address	City	State	Zip Code
------------------------	------	-------	----------

Telephone Number	Work Phone Number	Cell Phone Number
------------------	-------------------	-------------------

EDUCATION:

Please list the name of each college or university

Undergraduate _____

Major: _____ Degree _____

Graduate _____

Major: _____ Degree _____

Additional Studies _____

EXPERIENCE:

The position of Clinician requires the ability to organize documents (reports) for clients to external agencies.

1. Do you have experience with Word processing software? Yes ___ No ___
if yes, with which programs _____

2. Do you have experience with Excel software? Yes ___ No ___

(using the scale 1-5, with 5 being excellent and 1 being poor)

3. Rate your computer typing skills 1 2 3 4 5

4. Rate your knowledge of computers and computer software 1 2 3 4 5

5. Have you in past professional positions written formal evaluation and/or progress reports for external agencies? Yes ___ No ___ If yes, please describe.

Comments (optional): _____ -

REFERENCES AND SELF EVALUATION:

LIST FIVE PROFESSIONAL REFERENCES				
NAME	POSITION/TITLE	ADDRESS	CURRENT HOME PHONE	CURRENT WORK PHONE

Do we have permission to contact your references including your current employer? Yes ___ No ___

You may attach letters of recommendation from references to this application.

The attached Reference Profile may be used for evaluation purposes when calling references you have listed, if you are selected as a top candidate for the CPHP Clinician position. Please answer each of the questions of the Reference Profile and *complete it as a self-evaluation below* as part of the application process.

**COLORADO PHYSICIAN HEALTH PROGRAM
CLINICIAN CANDIDATE REFERENCE PROFILE**
An Equal Employment Opportunity Employer

Please select the numeric value that best represents the degree to which this candidate demonstrates the following characteristics. Use whole point values only. (Highest possible raw score is a total of 150)

- | | | |
|-------------------------|-----------------------------------|------------------------------|
| 1 - Unacceptable | 2 or 3 - Needs Improvement | 4 or 5 - Satisfactory |
| 6 or 7 - Good | 8 or 9 - Excellent | 10 - Exceptional |

1. **WORKING RELATIONSHIPS**
Establishes an effective working relationship with co-workers, staff and community Score: ____
Comment (optional): _____

2. **ORAL COMMUNICATION SKILLS**
Expresses ideas clearly. Able to influence or persuade others through oral presentation in positive or negative circumstances. Listens well. Score: ____
Comment (optional): _____

3. **WRITTEN COMMUNICATION SKILLS**
Communicates clearly in a logical and concise manner. Effectively presents ideas, documents activities, reads and interprets information. Score: ____
Comment (optional): _____

4. **INTEGRITY**
Works effectively with supervision (s) to achieve common goals, is dependable and honest Score: ____
Comment (optional): _____

5. **VERSATILITY**
Demonstrates the flexibility necessary to be an effective leader. Can modify own behavioral style to respond to the needs of others while maintaining own objectives and sense of dignity. Score: ____
Comment (optional): _____

6. **INTERPERSONAL SKILLS**
Perceives the needs, concerns, and personal problems of others; demonstrates sensitivity in dealing with persons from different social-economic cultural, ethnic, and religious backgrounds, possesses ability to deal effectively with people concerning emotional issues; knows what information to communicate and to whom. Score: ____
Comment (optional): _____

7. **APPEARANCE/DEMEANOR**
Dresses appropriately for assigned duties; makes an excellent appearance in front of clients, consistently demonstrates a positive attitude; is a positive role model for clients and co-workers. Score: ____
Comment (optional): _____

8. **PROBLEM ANALYSIS**
Seeks out relevant data and analyzes complex information to determine the important elements of a problem situation; searches for information with purpose. Score: ____
Comment (optional): _____

9. JUDGEMENT
Reaches logical conclusions and makes high quality decisions based on available Information; demonstrates skill in identifying needs and setting priorities. Score: ____
Comment (optional): _____
10. ORGANIZATIONAL ABILITY
Plans, schedules, and supervises the work of others; uses resources in an optimal fashion; and deals effectively with a volume of paperwork and heavy demands on time and energy. Score: ____
Comment (optional): _____
11. DECISIVENESS
Recognizes when a decision is required and acts quickly on available information; makes commitments and does not change decisions when challenged; deals with emergencies appropriately. Score: ____
Comment (optional): _____
12. LEADERSHIP
Gets others involved in solving problems; recognizes when a group requires direction; interacts with a group effectively and guides them into the accomplishment of a task. Score: ____
Comment (optional): _____
13. ABILITY TO HANDLE PRESSURE
Performs appropriately under pressure and during opposition. Score: ____
Comment (optional): _____
14. PERSONAL MOTIVATION
Strives to achieve in all areas; demonstrates that work is important to personal satisfaction; and is self-directed. Score: ____
Comment (optional): _____
15. RESPONSIVENESS TO SUPERVISION
Demonstrates conscientiousness, trustworthiness, and dependability Score: ____
Comment (optional): _____

Total Score: _____

VERIFICATION OF EMPLOYMENT STATUS:

As part of the application process you are required to respond to the following. We will request this information from current and/or previous supervisors for final candidates selected for the position of Clinician at CPHP. A composite of the responses will be used as part of the screening process that determines eligibility for consideration of clinical positions with CPHP. A “yes” response to any question below, will be considered on its own merit by a Review Committee. If the Review Committee determines ineligibility following a complete investigation, the Review Committee’s decision is final without appeal.

The Confidential Verification of Employment Status and all notes that are taken from speaking with references are removed from your application packet after review and verification.

- Yes No 1. Have you ever received an unsatisfactory performance evaluation in a position (clinical) for which you are applying? *If yes, please attach an explanation of the situation including the name, address, and telephone number of the supervisor who did the evaluation.*

- Yes No 2. Have you ever been placed in remedial status or received disciplinary action because of an unsatisfactory performance? *If yes, please attach an explanation of the situation including the name, address, and telephone number of the supervisors.*

- Yes No 3. Have you been disciplined, demoted or terminated within the last three years with or without cause? *If yes, please attach an explanation of the situation including the name, address, and telephone number of the supervisors.*

- Yes No 4. Have you ever been disciplined by a professional organization? *If yes, please attach an explanation of the situation including the name, address, and telephone number of the disciplinarians.*

- Yes No 5. Has your job-related professional license ever been suspended? *If so, please state which license, by whom, and attach an explanation of the situation.*

ALL APPLICANTS:

Please complete the following questions and statements.

- 1. Have you ever been convicted of, plead Nolo Contendere to, or received a deferred sentence as to, a crime other than a minor traffic violation?

Yes ___ No ___ _____
Applicant’s Initials

- 2. Are criminal charges (other than minor traffic violations) currently pending against you?

Yes ___ No ___ _____
Applicant’s Initials

- 3. Has any disciplinary action been taken against your professional license?

Yes ___ No ___ _____
Applicant’s Initials

Note: A conviction, plea, deferred sentence or charge is not an automatic bar to employment. Each case will be considered on its own merits.

If you answered yes to any of the above questions, please explain the circumstances in detail in the space provided. Include the nature of the charge, the court, the date, and the disposition of the case. (Use a separate piece of paper if necessary to give a complete explanation.

Attach responses to the following:

1. Discuss your interest in Peer Assistance and/or Employee Assistance Programs. Include details and examples that reflect your attitudes and beliefs regarding these types of programs.

2. What strengths do you have that would contribute to your position as Clinician at CPHP?

3. Describe both your short-term and long-term career interests and goals. Please be specific.

4. Provide a writing sample, written exclusively by you, demonstrating your clinical report writing skills.

Applicant's Statement

I state that I am the applicant named in the foregoing referenced application; that the statements and representations made in this application are true and correct; that it is understood by me that if any statements or representations are false or untrue, I may be disqualified as a candidate, or if hired could be terminated. I also understand that information I have provided can and will be verified at various times as I am being considered for employment.

I authorize Colorado Physician Health Program to investigate my employment history. Further, I authorize any former employer, person, firm, corporation, school, college, credit agency or governmental agency to give Colorado Physician Health Program information about me. I waive the rights to inspect and review any materials gathered in this process. This authorization is not intended to release medical information or for information regarding workman's compensation. I also release Colorado Physician Health Program and all providers of information from any liability because of furnishing and receiving this information. I understand that this authorization (within box) may be copied for any person who is being consulted with as a reference that I listed on this application, should the reference request a copy of my authorization.

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application, employment records, or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Colorado Physician Health Program.

Signature of Applicant

Date