

Northland Family Planning Center

We Make the World a Better Place for Women

Application Questionnaire

Northland Family Planning offers a full range of reproductive healthcare services including abortion care. Our mission is to provide affordable, high quality healthcare in an atmosphere of dignity and respect. We believe the women who trust us with their hearts and with their healthcare deserve the best.

All qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sex or age.

DATE _____ NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL PHONE _____ EMAIL _____

Primarily Interested In (circle one): part time full time Are you at least 18 years old? _____

How did you hear about us? _____

We are open Monday through Saturday and some evenings. Are there any hours or days that you are not available to work? _____

How soon are you available to work? _____

How many hours would you like to work? (circle one): less than 10 10-20 20-30 30-40

Have you ever been convicted of any crimes other than traffic violations? _____

1. Please describe why you are pro-choice and what that means for you:

2. What are your goals for the future (career or personal)?

3. Please describe your strengths- what you're really good at and what you really enjoy doing:

4. Please describe your weakness- what you need to work on, what you don't enjoy:

5. What do you enjoy doing outside of work?
6. How do you cope with stress in your life?
7. Do you speak another language other than English? If so, what language?
8. Why would you like to work with us here?
9. What made you apply for this position?
10. Why do you think you'd be a good addition to Northland Family Planning?
11. What's unique about you that you would bring to the team here?
12. What interests you about women's health specifically?
13. Part of your job description is to advocate and support women who are seeking abortion services. Will fulfilling this part of your job be a problem for you?
14. For you, what will be the hardest part of working in a clinic that provides abortion care?

15. What will be the most rewarding?

16. Under what circumstances do you think abortion would be the wrong choice?

17. What kind of work environment are you most productive/happy in?

18. Please share any ideas/responses/thoughts/definitions that the following phrases trigger in you:

Patient-centered healthcare

Short-term counseling (single-encounter counseling; not ongoing)

Bias/judgment

Mind-body medical care

Teamwork

Informed consent

19. If hired, you will receive thorough training in counseling. Counseling requires you to rely on your knowledge AND to use your instincts since no two situations are exactly alike. We realize that you have not yet had the benefits of training but we are interested to know your instincts for dealing with the following situations:

A 16-year old who doesn't want her parents to know she is pregnant

A woman who has had 3 previous abortions

A married woman who is 20 weeks pregnant but just doesn't want any more children

20. Please describe an "ideal" interaction with a patient?

21. In the workplace, how do you cope with angry or hostile patients/clients?

22. Please share any ideas you may have about advocating for women, counseling, and providing health-related education?

EMPLOYMENT HISTORY

List your last five employers beginning with the most recent:

<u>Place of Employment</u>	<u>From/To</u>	<u>Position</u>	<u>Supervisor</u>	<u>Pay</u>	<u>Phone</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are currently employed, may we contact that employer? _____

List a professional reference (supervisor, teacher, employer, etc.)

<u>Name</u>	<u>Day Phone</u>	<u>Position/Employer</u>
_____	_____	_____

23. Why do you want to leave your current job (or why did you leave your last job)?

24. If you still have a current job, are you 100% sure you want to leave your current job, or are you just looking around and/or thinking about a career change?

25. What did you like most about your last job? What did you like least?

26. What have you had difficulty with in previous jobs?

27. How long have you been looking for a job?

28. What accomplishment are you most proud of thus far in your professional life?

EDUCATION/ TRAINING

Name of High School _____ City/ State _____ Did you graduate? _____

Name of College/ Vocational School _____

City/ State _____ Type of Program (major) _____

List any degrees, licenses, or certifications _____

At Northland Family Planning employees cross-train to perform both counseling and medical tasks. Please check the column that applies for your previous training in each of the following skills:

<u>Skill</u>	<u>Formal Education</u>	<u>On the Job Training</u>	<u>Need Review</u>	<u>No Experience</u>
IM. Injections	_____	_____	_____	_____
Vital Signs	_____	_____	_____	_____
Medical terms/abbr.	_____	_____	_____	_____
Charting	_____	_____	_____	_____
Medical Assisting	_____	_____	_____	_____
Sterile Technique	_____	_____	_____	_____
Aseptic Technique	_____	_____	_____	_____
Instrument Sterilization	_____	_____	_____	_____
CPR	_____	_____	_____	_____
IV Therapy	_____	_____	_____	_____
Counseling	_____	_____	_____	_____
Medical Billing	_____	_____	_____	_____
Computers	_____	_____	_____	_____

List any other skills: _____

29. In providing medical services, you will be exposed to the sight of blood. Does this concern you?

30. Please describe your experience with healthcare:

During the application process and at any time during the tenure of my employment with Northland Family Planning, I hereby authorize ChoicePoint Services Inc., on behalf of Northland Family Planning to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Social Security Number _____ Date of Birth _____

Applicant Signature _____ Date _____

PLEASE READ AND SIGN

I certify that the facts set forth in this application are true and complete. I authorize investigation of all statements contained herein, as well as those mentioned during any interviews. If any of these statements is found to be false or intentionally misleading, it will be considered cause for my dismissal, regardless of how long I have been employed at Northland Family Planning. I hereby authorize all schools, colleges, employers, and their respective employees provided as references to furnish all information concerning my personal background and hereby release said persons and organizations from any liability or damage whatsoever for issuing this information. I also release Northland Family Planning and its employees from any liability or damage for issuing this information. I also release Northland Family Planning and its employees from any liability or damage for receiving or using this information as part of the employment procedure.

Applicant's Signature

Date