



1175 Pine Street Suite 100  
 Arcadia, LA 71001  
 Office: 318-263-7970 \* Fax: 318-263-2008

Date Received: \_\_\_\_\_

<b>Personal Information</b>			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____ Yes ____ No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by Bienville Family Clinic? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Bienville Family Clinic? ____ Yes ____ No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

<b>Education</b>				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School				
College				
Graduate School				
Technical or Certificate Programs				

List all Other Training that you have received Relative to the job being applied for.				
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**Employment History** Please provide the following information for your previous three employers, beginning with the most recent: (**Please attach an additional page if necessary**, do not use “see attached resume”.)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
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Address:	
Telephone:	Job Duties:
Weekly Pay    Start:                      Finish:	
Reason for Leaving:	

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

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Please list any special awards, honors, scholarships, or offices held.

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<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Please indicate whether you hold a valid driver's license:

YES       NO

Drivers License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Have you ever been convicted of, pled guilty to, or pled “*No Contest*” to a **FELONY**?

( ) YES ( ) NO

If YES, please provide the following information regarding those convictions/pleas.

LIST FELONY CONVICTIONS/PLEAS THAT RESULTED IN CONVICTION	DATE

**Within the past three (3) years**, have you been convicted of, pled guilty to, or pled “No Contest” to **Driving While Intoxicated OR Reckless Operation of a Motor Vehicle**?

( ) YES ( ) NO

If YES, please provide the following information regarding those convictions/pleas.

LIST CONVICTIONS/PLEAS TO DWI OR RECKLESS OPERATION IN PAST 3 YEARS	DATE

**Within the past three (3) years**, have you been convicted of, pled guilty to, or pled “No Contest” to **any moving traffic violation**?

( ) YES ( ) NO

If YES, please provide the following information regarding those convictions/pleas.

LIST ALL MOVING TRAFFIC CONVICTIONS/PLEAS IN PAST 3 YEARS	DATE

**Please list all professional licenses held:**

LICENSE HELD	ISSUING AGENCY	EXPIRATION DATE

**I understand that if I am chosen for employment at Bienville Family Clinic, and if I accept such employment, that it may be necessary for me to work on weekends and/or holidays and during hours prior to 8 a.m. and after 5 p.m. daily, and I am able and willing to work such weekends, holidays or non-traditional hours if needed.**

YES  NO

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Bienville Family Clinic is an Equal Opportunity Employer. It is the policy of Bienville Family Clinic to not discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Bienville Family Clinic and/or any agent authorized by Bienville Family Clinic are hereby authorized to make investigation of my criminal background, my background with regard to my driving history, past employment and personal references.

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Signature of Applicant

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Date

NAME \_\_\_\_\_

<b><i>APPLICANT SKILL LEVEL SELF-EVALUATION</i></b>	
<b><i>Experience In</i></b>	<b><i>Please Circle YOUR Experience Level Described in the Adjacent Column</i></b>
1. Working with staff to assess, and to help with meeting, patient needs.	Level: LOW                  MODERATE                  HIGH
2. Assessing patients' eligibility for services (Medicaid, Affordable Care Act, Etc.)	Level: LOW                  MODERATE                  HIGH
3. Assisting patients with applying for services, and taking applications for services and benefits, as appropriate. (Medicaid Applications, Affordable Care Act Applications, etc.)	Level: LOW                  MODERATE                  HIGH
4. Handling referral and related activities to assist patients to obtain needed services.	Level: LOW                  MODERATE                  HIGH
5. Monitoring and follow up to ensure that patient services are received and that patient outcomes are optimal.	Level: LOW                  MODERATE                  HIGH
6. Exercising discretion and judgment to analyze, interpret, and to make decisions, and then deciding what actions are necessary based on the varying facts and circumstances of each individual case.	Level: LOW                  MODERATE                  HIGH
7. Working with patients on a day-to-day basis using professional judgment and discretion to implement the provider determined treatment plan.	Level: LOW                  MODERATE                  HIGH
8. Consulting and cooperating with community systems to facilitate linkage, referral, crisis management, advocacy, and follow up with the focus on attaining treatment goals.	Level: LOW                  MODERATE                  HIGH
9. Maintaining patient and program records in accordance with applicable standards and regulations.	Level: LOW                  MODERATE                  HIGH
10. Using clinic (scheduling, messaging, patient flow) software.	Level: LOW                  MODERATE                  HIGH
11. Providing transportation of clients.	Level: LOW                  MODERATE                  HIGH

12. Developing and maintaining external relationships with vendors, contractors, referral agencies and related resources.	Level: LOW                      MODERATE                      HIGH
13. Handling clerical responsibilities, as assigned, which may include: sending/receiving patient medical records, obtaining lab/x-ray reports, referral information, etc., completing forms/requisitions, as needed, scheduling appointments, verifying insurance coverage and potential demographics, managing of records to ensure that all fields are appropriately filled in and that information is completed and filed appropriately.	Level: LOW                      MODERATE                      HIGH
14. Screening calls, and following clinic guidelines, directs appropriately to providers other medical personnel, administrators and support staff	Level: LOW                      MODERATE                      HIGH
15. Taking messages and placing returned calls as requested or as required.	Level: LOW                      MODERATE                      HIGH
16. Working with providers and other staff to ensure that patients have a "summary of visit" before exiting the facility.	Level: LOW                      MODERATE                      HIGH
17. Under the direction of the Provider, provides disease management and other lifestyle change <b>information</b> , including information related to smoking cessation, hypertension, and diabetes.	Level: LOW                      MODERATE                      HIGH
18. Skill in using Microsoft Word.	Level: LOW                      MODERATE                      HIGH
19. Skill in using Microsoft Excel	Level: LOW                      MODERATE                      HIGH
20. Skill in using internet search engines such as Google.	Level: LOW                      MODERATE                      HIGH
21. Skill in handling difficult people or situations and in de-fusing angry individuals/patients.	Level: LOW                      MODERATE                      HIGH
22. Planning and prioritizing daily/weekly/monthly activities.	Level: LOW                      MODERATE                      HIGH