



Children's Community Clinic
27 Northeast Killingsworth Street
Portland, Oregon 97211
Phone: 503.284.5239
Fax: 503.284.9162

POSITION ANNOUNCEMENT

Children's Community Clinic is looking for a great **Medical Assistant** with Pediatric experience to join our morning team (8:30a – 1:00p, Monday – Friday, must be flexible). We are looking for self-starters who know how to push change in their area to ensure the needs of customers are exceeded, and who know how to help their team succeed. Our team requires a minimum of 1-2 years working as a MA in Pediatrics. Qualified candidates must be a graduate from an accredited medical assisting program (with current certification) -OR- qualifying experience is required. Compensation is dependent on experience. Bi-lingual/bi-cultural skills are a plus. Must have experience within a multi-cultural team and with diverse populations.

SOME OF THE MAJOR **RESPONSIBILITIES ARE:**

- Is a positive and proactive member of the team.
- Communicates well and clearly with others.
- Ensures patient's needs are heard and addressed.
- Places patients in exam rooms; obtains and records vital signs and a brief history.
- Cleans and prepares exam and procedure rooms; sets up necessary equipment and instruments.
- Sterilization of all instruments.
- Monitors and maintains the vaccine program.
- Administers vaccines.
- Stocks exam rooms.
- Obtains consent forms, satisfaction surveys, etc. from patient.
- Prepares patients for minor surgeries or other procedures.
- Assists physicians with surgical and other procedures, as needed.
- Schedules lab appointments or tests as ordered by physicians.
- Contacts patients with test results, as directed by the physician.
- Ensures follow-up on all positive lab/test results.
- Accurately manages lab specimens.
- Orders necessary medical supplies.
- Monitors emergency supplies.
- Educates patients and families regarding specific diseases, proper follow up, and preventative care.
- Acts as a liaison between the physician and the patient.
- Administers medication as prescribed by the physician.
- Takes pharmacy calls and responds appropriately with refills per physician orders.
- Maintains other patient records and legal forms, as required by law.
- Prepares charts and files all patient data, including tests, lab results, charts, etc.; manages patient records.
- Answers phones, schedules appointments, and takes messages to pass to physician, manager, etc. as is appropriate.

Follows all clinic policies, procedures and work rules, as established from time to time by clinic management.

Please email the clinic at info@ccc4kids.org or call at the number above to get your application packet.

Email: info@ccc4kids.org

Website: www.ccc4kids.org

"The mission of the Children's Community Clinic is to provide high quality and compassionate healthcare for children of families being underserved, regardless of ethnicity or ability to pay."



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Application for Employment

The Children's Community Clinic is an equal opportunity employer. Applicants are considered for employment based on ability and experience necessary to perform the job without regard to race, color, religion, sex, age, disability, citizenship status, national origin, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The Children's Community Clinic will comply with its legal obligations to provide reasonable accommodation to qualified individuals with disabilities.

Today's Date: _____ **SSN:** _____

Legal Name: _____ **Preferred Name:** _____

Present Address _____

Permanent Address _____

Day time telephone #: _____ **Preferred telephone#** _____ **Email:** _____

Are you legally eligible for employment in the United States: (Circle) Yes No
If yes, you will be required to verify your identity and employment eligibility in the event you are hired.

EMPLOYMENT DESIRED:

Position Applying For: _____

Date you can start? _____ **Desired Salary/Wage** _____

Are you employed now? _____ **If So May We Contact** _____
Your Present Employer: (Circle) Yes No

Have you ever applied to this Organization Before? _____ **When:** _____

How did you hear about the position? _____

Education History:

School Name	City, State & Zip Code	Degree/Diploma Major Course of Study	Did you graduate
High School/GED:			
College:			
College:			
Graduate School:			
Trade School:			

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List any other trainings, educations, certificates, and licenses that you possess related to job:

List any foreign languages spoken fluently? _____

Read/Write: _____

Professional License or Certificate #:	Professional License or Certification Type:	Issuing Agency:	State Issued:	Expiration Date:

General Information:

Can you perform the essential functions of the job? _____

Do you require any accommodation to perform the essential functions of the job? _____

If yes, explain _____

Employment History:

List all work experiences beginning with the present or most recent job.

Date employed from-to (Month and Year):		Name of Employer:		
Address:		City/State:		Zip:
Last Title held:	Type of Employment (circle): Full time Part time Temporary			
Name and title of Supervisor:			Phone Number and email:	
May we contact this employer (circle)?	Yes	No		
Brief description of major duties:				
Reason for leaving:			Last salary/wage: \$	

Date employed from-to (Month and Year):		Name of Employer:		
Address:		City/State:		Zip:
Last Title held:	Type of Employment (circle): Full time Part time Temporary			
Name and title of Supervisor:			Phone Number and email:	

May we contact this employer (circle)?	Yes	No
Brief description of major duties:		
Reason for leaving:		Last salary/wage: \$

Date employed from-to (Month and Year):	Name of Employer:	
Address:	City/State:	Zip:
Last Title held:	Type of Employment (circle): Full time Part time Temporary	
Name and title of Supervisor:		Phone Number and email:
May we contact this employer (circle)?	Yes	No
Brief description of major duties:		
Reason for leaving:		Last salary/wage: \$

Date employed from-to (Month and Year):	Name of Employer:	
Address:	City/State:	Zip:
Last Title held:	Type of Employment (circle): Full time Part time Temporary	
Name and title of Supervisor:		Phone Number and email:
May we contact this employer (circle)?	Yes	No
Brief description of major duties:		
Reason for leaving:		Last salary/wage: \$

Date employed from-to (Month and Year):	Name of Employer:	
Address:	City/State:	Zip:
Last Title held:	Type of Employment (circle): Full time Part time Temporary	
Name and title of Supervisor:		Phone Number and email:
May we contact this employer (circle)?	Yes	No

Brief description of major duties:	
Reason for leaving:	Last salary/wage: \$

References:

Give The Name of three (3) People Not Related to You, Whom You Have Know At Least One Year that we may contact:

Name	Address	Phone Number	Years Acquainted
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Person to contact in case of Emergency:

Name:	Telephone:
Address:	

Criminal Record Information:

Have you ever been convicted of, or pled guilty or "no contest" to, a misdemeanor, or felony (do not include minor traffic infractions for which you never appeared in court, offenses which were dismissed or discharged after successful completion of probation, and convictions or pleas which have been deemed sealed or expunged by law)? (Circle) YES NO

If yes, please explain _____

Are there any criminal charges now pending against you? (Circle) YES NO

If yes, describe _____

Agreement:

I hereby affirm that the information provided in this application and any accompanying documents (resume, cover letter, etc.) is true and completed to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from being considered for employment and may be considered justification for immediate termination.

I hereby authorize investigation of all statements contained in this application and accompanying documents. I understand Children's Community Clinic (CCC) will obtain and/or investigate for employment purposes information pertaining to my character, reputation, characteristics, work history, work performance, education history, along with reasons for termination of past employment. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the CCC to investigate consumer report for pre-employment and if hired, at any time during employment. I further release the CCC from all liability in connection with any consumer report obtained and/or preformed.

I understand and agree that I will be required to take a post hire job related physical and drug screening test. I hereby give my consent for a blood or urine sample to be collected from me and submitted for testing. I also agree if hired as an employee to random drug tests as needed.

Date: _____ Signature: _____

Do not write below this line

Interviewed by: _____ Date Interviewed: _____

General Comments: _____

Recommend for hire (circle) Yes _____ No _____ Start Date: _____

Position: _____ Employment Status: _____

Hours Per Week: _____ Beginning Salary/Wage: _____

Reference Checked: (circle) Yes _____ No _____ Will report to: _____



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Permission to Perform Background Check

I hereby authorize Children's Community Clinic to perform a check of my background, including but not limited to:

- Criminal Record
- Driving Record
- Comprehensive professional history
- Personal References
- Past Employment/Volunteer Status
- Educational/Professional Status

and any other persons or sources as appropriate for the position for which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for certain positions and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability of the described position and such other information, as they deem appropriate.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Name: _____
(Last) (First) (Initial)

DOB: ___/___/___ Social Security # _____ - _____ - _____

Driver's License # _____ State issued: _____

(Over)

Applicant Authorization and Consent for Release of Information

(Please read carefully)

We welcome your application for employment with Children's CC Company Name (hereinafter referred to as "Company"). We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position as an employee whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require your consent to and authorization of a pre-employment and/or continued employment verification of your background, including information submitted on your application and/or resume.

This Authorization and Consent for Release of Information form acknowledges that this Company may now, or at any time while you are employed, administer a personality profile, conduct a verification of your education, credentials, previous employment/work history, credit reports, motor vehicle reports, contact personal references, require that you provide a urine specimen to be tested for the presence of drugs or alcohol, worker's compensation from the Department of Labor and/or the Worker's Compensation Commission, and to receive any criminal or civil history record information pertaining to you which may be in the files of any Federal, State or local criminal or civil justice agency in any State and/or other information in order that your employment qualifications may be evaluated.

The undersigned does hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, information service bureau, institution, insurance company, or other persons or agencies having knowledge about me to furnish Employment Research Solutions, Inc. (ERS) with any and all background information in their possession regarding me.

I hereby agree to forever release and discharge the agents and employers and all other persons, agencies, and entities providing information or reports about me to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

I authorize ERS and any of its agents/designated Company personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of this Company.

I understand that a FAX or photographic copy of this release shall be valid as the original.

I have read, acknowledged, authorized and received my copy of the "Disclosure Notice" regarding Consumer Reports.

I consent to the release of a consumer and/or investigative consumer report, in conjunction with my application, employment, promotion, reassignment or retention as an employee. I further understand that my consent will apply throughout my employment and that the company may request a consumer report and/or an investigative consumer report at any time during the application process or during my employment with the Company.

READ, ACKNOWLEDGED AND AUTHORIZED

_____	Social Security No: _____
Applicant Name Typed or Printed (LAST, FIRST, MIDDLE)	
_____	Drivers Lic No: _____ State _____
Street Address	
_____	Date of Birth: _____
City, State, Zip Code	
_____	Phone No: _____
Date _____	
Applicant Signature	

DISCLOSURE NOTICE REGARDING CONSUMER REPORTS

Important: Please read carefully before signing

A consumer report and/or an investigative consumer report including information concerning your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, employment history, police record, education, qualifications, motor vehicle record, or mode of living which may be obtained in connection with your application for and/or continued employment with the company. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the Company.**

You have the right to request additional disclosures from the Company under the Fair Credit Reporting Act. Upon timely written request of the Personnel Department of the Company, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

Signature: _____ Date: _____

Print Name: _____

Give Original To Applicant - Retain A Copy For Your Files

Fax to ERS for Credit Report



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Medical Assistant Questionnaire

Name: _____ Date: _____

Please use as much space as you need to answer each question thoroughly.

1. Are you currently certified as a Medical Assistant in the state of Oregon? If you are please attach a copy of your certificate.
2. Please indicate your level of expertise working with each of the following Microsoft Office Professional products:

	Outlook	Word	Excel	Access	PowerPoint	OneNote
None						
Beginner						
Intermediate						
Advanced						

3. Do you have completion certificates for the level of expertise you indicate in Question #2?
4. Please describe your level of experience working with electronic health records systems or electronic medical records systems. Be thorough and include all training and certificates you have received for training on these systems.
5. Please give the date of the latest HIPAA legislation and list one major change in that legislation.
6. What is your experience with creating new processes/procedures?



7. What kind of experience do you have managing patients?

8. What experience do you have managing providers?

9. Describe a situation when your job required you to perform a task that you didn't know how to do. How did you respond?

10. Describe a conflict you've had with other staff members and how you resolved it.

11. Describe how you make yourself a valuable member of a multi-cultural work environment. How might communication in this group be different than that in a homogenous group? Why is that understanding important? Give specific examples of your experience in this area.

12. Describe the way you ensure patients from diverse backgrounds/cultures feel welcomed, heard and well cared for by you. Give specific examples of your work in this area.

13. How do you take care of angry and/or frustrated patients?

14. Describe your experience with inventory and supply management?

15. How do you organize your work and manage your projects?

16. Describe a situation in which you had to complete multiple critical priority tasks in one day, but didn't have time to get it all done. How did you handle it?

17. Do you speak any languages other than English? If so, what are they and what is your level of proficiency in each?



18. What is your understanding of a team and how a team works?

19. Describe your understanding of excellent healthcare and continuous quality improvement in healthcare.

20. What are your short and long term career goals?

21. What do you think your previous employer might say about you in regards to the following:

- Your job performance:

- Your attitude:

- Your ability to work with others:

- Your attendance:

22. Please tell us why we should interview you for our team.



FOR OFFICE USE ONLY:

Date of Review: _____ Reviewer: _____

Reviewer(s) Comments:

Recommendation to Interview:

Yes No If "No," please explain.

Reviewer signature : _____