

1.01 Professional Appearance Handout
Handout

Name _____
Date _____

Directions: Record class discussion in the column provided. Use handout as a study guide.

Professional Appearance	Guidelines	Class Discussion
Uniform/clothing	Neat, clean, wrinkle free Name badge in site Closed toe, supportive shoes	
Personal hygiene	Avoid strong perfumes Good oral hygiene Control body odors Short, clean natural nails	
Hair and jewelry	Long hair must be pulled back Jewelry limited to watch and stud earrings	
Other	Avoid excessive makeup Cover tattoos	

1.01 Job Seeking and Job Keeping
Handout KEY

Adm. Serv.

Name: _____
Date: _____

Directions: Record notes about job seeking and job keeping while viewing the PowerPoint presentation and participating in class discussion.

1. **Job Seeking** _____
Evaluate abilities _____
Decide on job type _____
Explore job sources, materials, resources available to you _____
Identify places of employment _____
Prepare to apply for jobs _____

2. **Cover Letter Guidelines** _____
Purpose and interest in position _____
Why qualified for position _____
Resume' included and highlight features that are important _____
State clearly how you can be contacted _____

3. **Resume' Guidelines** _____
Personal identifying information, career objective, education, skills, _____
accomplishments, work experience, references _____
One page in length _____

4. **Application Guidelines** Read the directions before you write _____
Print neatly or type _____
Use correct spelling and punctuation _____
Use a black pen, if hand written _____
Fill out each item neatly and completely _____
Be sure all information is correct and truthful _____
Proofread the completed application _____

5. **Interview Skills**
Have all necessary information: _____
Social Security number _____
References contact information _____
Dress appropriately _____
Be prepared for questions _____

Do: be on time, be prepared, ask questions, send a thank you note _____
Don't: answer discriminatory questions, take a cell phone to the interview, chew gum _____

6. **Job Keeping** Professional attributes, Correct grammar, Punctuality, Preparation, Teamwork, Positive attitude, Responsibility, Efficient and willing to learn _____

7. **Professional Development: Purpose** _____
Lifelong learning commitment _____
Leadership skills _____
Promotes research _____
Scope of practice guidelines _____

Professional Development: Achieved _____
Continuing Education Courses _____
Professional organizations _____
Mentors _____
Professional Journals _____



Beaverton Clinic Job Application

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

Name: _____
Last First Middle

Social Security Number: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Other Phone: _____

Email Address _____

Do you have a valid Driver's License? Yes No License # _____ Exp. Date: _____

Date of Application _____

Position(s) Applied for _____

(If Nursing, what department)

Referral Sources: Employment Agency Advertisement Friend Relative Other _____

Emergency Contact (Name & Relationship of Relative)

Name _____
Last First Middle

Address: _____

City/State/Zip: _____

Home Phone: _____ Other Phone: _____

On what date are you available for work? _____

Can you furnish a work permit if you are under 18? Yes No Not applicable

Have you filed an application here before? Yes No (If Yes, give date _____)

Do you have any relatives currently employed here? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented lawfully from becoming employed in this country because of Visa or immigration status? Yes No *(Proof of citizenship or immigration status is required upon employment)*

Are you available to work Full-time Part-time Temporary Weekends

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No *(Conviction does not necessarily disqualify applicant from employment)*

Have you ever had your professional license suspended or revoked? Yes No Not applicable

Veteran of U.S. Military Service? Yes No If Yes, what branch? _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/D