QUESTIONNAIRE

Medical Transportation Specialist

To be considered for this position, please complete this questionnaire, attach, and submit with your electronic application by the closing date. If you have any questions, call Layne Larson at 605.773.3148.

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Your Name: **Date:**

A. Please answer the following questions.

1. What interests you about this position?

2. Why do you think you would be a good fit for this position?

3. How would this position fit in with your long-term career goals?

4. What things are most important to you in a job or work environment?

5. What specific aspects of past jobs did you like and dislike?

6. What motivated you to leave your last three jobs? (List current or most recent job first)

1:	
2:	
3:	

7. Has any of the following happened to you in the last 7 years? (Providing this information will not necessarily prohibit you from being considered.)

- ☐ "Let go" or "fired" from a job
- ☐ Quit a job after being told you would or may be fired
- ☐ Left a job by mutual agreement following allegations of misconduct
- ☐ Left a job by mutual agreement following allegations of unsatisfactory performance
- ☐ Left a job for other reasons under unfavorable circumstances
- ☐ N/A

If yes, please provide (1) date fired, quit, or left; (2) the reason; and (3) the employer's name and city (attach additional pages if needed):

8. If hired, you may occasionally need to work a flexible schedule which may include evening, night, holiday, and weekend hours. Are you able to work irregular hours? **Yes** ☐ **No** ☐

If not, please explain.

B. If you have any knowledge related to these items, please describe it and briefly indicate how it was obtained (e.g., schoolwork, work, or life experience). Write N/A if you have none.

Computers and related software and programs, i.e., what Microsoft computer programs do you work with most frequently and what types of documents have you created?	***Office use only*** ☐ A ☐ B ☐ C
Experience with customer service principles, Business English and grammar, or any related training	☐ A ☐ B ☐ C
Interpreting policies and procedures and applying them to claims processing	☐ A ☐ B ☐ C
Concepts related to confidentiality and professional and ethical behaviors	☐ A ☐ B ☐ C

	Totals: __A's __B's __C's

Investigation Authorization and Certification: By submitting this form, I authorize the South Dakota Department of Social Services, or its representative, to obtain and review my criminal background, employment information, wage records, and any other background information deemed necessary. I release the organizations and individuals supplying such information from any and all liability of damages for providing information requested. I certify that the information I have provided above is true, correct, and complete to the best of my knowledge and belief. I understand that misrepresentation, falsification, or omission of facts called for in this questionnaire is cause for cancellation of my application or, if hired, termination of employment.

Thank you for taking the time to complete this questionnaire!

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