

Peace Corps
Medical Secretary
PSC Application Form
Reference Number: PSC-06-2022

Name: _____

Email Address: _____

Telephone Number(s): _____

Please complete all sections of the application form below. Review the vacancy announcement carefully to ensure you submit all required documentation.

The file name for all application materials should include your first name and surname and the reference number for the position (e.g., PSC-06-2022_Application Form_Surname, First Name).

1. Qualifications Table: Please complete the two right columns in the following chart.

Minimum Required Qualifications:		
Qualification	Indicate “Yes” for Meets or “No” for Does Not Meet Qualification	Describe Briefly How You Meet the Qualification. Indicate the Organization(s) and Position Title(s) Where the Experience was Gained
Completion of high school (BAC).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
At least two years related experience with clerical and/or secretarial knowledge of administrative medical duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
English Level IV. French Level V.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The use of standard office technology (desktop computer, mouse, and keyboard) to complete daily tasks and long-term projects. Working knowledge of Microsoft Windows and Office programs (Outlook, Word, Excel, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Willingness to work as part of the medical emergency team after office hours and on weekends when required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Willingness to travel outside Lome to conduct health sessions for Peace Corps Trainees/Volunteers and/or take care of Peace Corps Volunteers with PCMO oversight.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Desired Qualifications:		
Qualification	Indicate "Yes" for Meets or "No" for Does Not Meet Qualification	Describe Briefly How You Meet the Qualification. Indicate the Organization(s) and Position Title(s) Where the Experience was Gained
At least one year of post-secondary education in an administrative, secretarial, or clerical area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ability to learn and adapt quickly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Understanding of medical confidentiality.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ability to work in a fast-paced environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- By signing the application below and submitting it to Peace Corps in connection with this solicitation, you certify that you understand the following:

- This position requires a medical evaluation and clearance and I know of no impediments to my ability to receive and maintain such medical evaluation and clearance.
- This position requires a background investigation and clearance and I know of no impediments to my ability to receive and maintain such a clearance.

3. In the last ten years, have you:

- Been fired from a job?
- Quit after being told you would be fired?
- Left a job by mutual agreement following allegations of misconduct?
- Left by mutual agreement following allegation of unsatisfactory performance?
- Left a job for other reasons under unfavorable circumstances?

- Yes (if yes, please explain below)
- No

4. Have you ever been employed by an intelligence organization or otherwise engaged in or been connected with intelligence related activities?

- Yes (if yes, please explain below)
- No

5. Have you ever served Peace Corps as a Trainee or Volunteer (including Response), or as a staff member (USDH, PSC, or FSN)?

- Yes
- No

If yes, please complete the following:

Position Location (country): _____
 Position Type (USDH, PSC, FSN, V/T): _____
 Position Title: _____
 Start Date: _____
 End Date: _____

6. References

List names, relationship, email addresses, and telephone numbers for three professional references. At least one reference should be an immediate supervisor during the last five years.

A. Name _____
 Title/Organization _____
 Relationship to applicant _____

Email _____

Phone _____

B. Name _____

Title/Organization _____

Relationship to applicant _____

Email _____

Phone _____

C. Name _____

Title/Organization _____

Relationship to applicant _____

Email _____

Phone _____

CERTIFICATION

By inserting my name below, I certify that, to the best of my knowledge and belief, all statements made on this form, as well as on all other documents submitted in connection with this application, are true, correct, complete, and made in good faith.

Name: _____

Date: _____