



CHIROPRACTIC OFFICES OF GONSTEAD, STANGL & ARKOWSKI EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Desired Hours/Week	Desired Hourly Wage	
Position Applied for PART-TIME CHIROPRACTIC RECEPTIONIST/OFFICE ASSISTANT				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company		Phone ()
Address		Supervisor
Job Title		Pay Rate
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title		Pay Rate
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title		Pay Rate
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMPLOYMENT CHARACTERISTICS ----- PLEASE USE NEXT PAGE TO ADD ANY COMMENTS

List the top 3 character traits that best describe you as an employee
What makes you a great candidate for the position of Chiropractic Receptionist/Office Assistant?

JOB TASK EXPERIENCE ----- PLEASE USE NEXT PAGE TO ADD ANY COMMENTS

Do you have experience using ECLIPSE Software? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had HIPPA (Health Information Protection and Portability Act) compliance training in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have customer service experience? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have account receivable experience, asking for/collecting payments due? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have experience with health insurance claims and EOBs (Explanation of Benefits)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have multi-tasking experience/skills appropriate for a fast-paced multi-doctor office environment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have customer service based phone skills? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you undergone basic customer service based telephone training? <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT INFORMATION CONTINUED

Use the space below to provide any additional information regarding your application for this position.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Thank you for applying at Gonstead, Stangl & Arkowski Chiropractic and Massage Therapy! 😊

Please return your completed application and cover letter in person or by mail to:
Gonstead, Stangl & Arkowski Chiropractic & Massage Therapy
ATTN: PAM
503 E. Clairemont Avenue
Eau Claire, WI 54701

Position Description is accessible at www.TogetherForYou.com