



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"/>	Degree
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? YES NO

Have you had HIPPA (Health Information Protection and Portability Act) compliance training in the past? YES NO

Do you have customer service experience? YES NO

Do you have account receivable experience, asking for/collecting payments due? YES NO

Do you have experience with health insurance claims and EOBs (Explanation of Benefits)? YES NO

Do you have multi-tasking experience/skills appropriate for a fast-paced multi-doctor office environment? YES NO

Do you have customer service based phone skills? YES NO

Have you undergone basic customer service based telephone training? YES NO

