

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 🗌 N	IO 🗌 If no, are you authorized	d to w	ork in the U.S	S.? YES NO	

Address
te? YES NO
Address
te? YES NO Degree
Address
te? YES NO Degree
b

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	PREVIOUS EMPLOYMENT						
Company		Phone ()					
Address		Supervisor					
Job Title			Pay Rate				
Responsibilities							
From To	Reason for Leaving						
May we contact your previous super-	visor for a reference? YES	NO 🗌					
Company		Phone ()				
Address		Supervisor					
Job Title			Pay Rate				
Responsibilities							
From To	Reason for Leaving						
May we contact your previous super-	visor for a reference? YES	NO 🗌					
Company		Phone ()				
Address		Supervisor					
Job Title		1	Pay Rate				
Responsibilities							
From To	Reason for Leaving						
May we contact your previous super-	visor for a reference? YES	NO 🗌					
List the top 3 character traits that	STICS PLEASE	USE NEXT PAG	E TO ADD ANY COMMENTS				
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 I						
Do you have experience using E		NO					
Have you had HIPPA (Health Inf	formation Protection and Portabili	ty Act) complia	nce training in the past? \Box YES \Box NO				
Do you have customer service experience?							
Do you have account receivable experience, asking for/collecting payments due? YES INO							
Do you have experience with health insurance claims and EOBs (Explanation of Benefits)?							
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							

APPLICANT INFORMATION CONTINUED

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

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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 by email to <u>GSAchiropractic@gmail.com</u> or in person/by mail to: Gonstead, Stangl & Arkowski Chiropractic & Massage Therapy ATTN: APRIL 503 E. Clairemont Avenue Eau Claire, WI 54701