

EMPLOYMENT OVERVIEW

Stangl Chiropractic & Massage Therapy, LLC

at The Chiropractic Offices of Gonstead, Stangl, & Arkowski

Our Chiropractic and Massage Therapy Clinic in Eau Claire, WI is hiring a PART-TIME Office Assistant/Front Desk Receptionist.

Position Hours: 16-24 hours/week (set schedule), NO WEEKEND HOURS Clinic hours are Monday through Friday 8:00am to 5:30pm Working office hours may include shifts between 8:00am and 6:30pm No required hours/events outside of normal office hours.

Position duties include greeting patients, answering phones, scheduling appointments, maintaining doctor and therapist schedules, clerical duties and data entry, directing smooth patient flow, collecting account receivables, verifying insurance benefits, balancing end of day reports, maintain a tidy and presentable reception area, and assisting with day-to-day general office tasks.

Our ideal candidate must be a team player competent in the ability to professionally manage multiple interruptions on a continual basis while maintaining personable interactions with patients, team members, and doctors. They are dependable, diligent, and patient focused with the desire to consistently deliver excellent customer service.

- High School Diploma/GED is required
- Confidence and efficiency with basic computer skills are required
- Written, verbal, and customer service communication skills are necessary
- The ability to prioritize and handle several tasks simultaneously is necessary
- Must be able to transition between sitting, standing and walking frequently

Applicants are required to complete and submit an official employment application that will be attained from our office.



EMPLOYMENT APPLICATION

Stangl Chiropractic & Massage Therapy, LLC

at The Chiropractic Offices of Gonstead, Stangl, & Arkowski

APPLICANT INFORMATION

Last Name	First Nar	First Name		
Street Address				
City	State		Zip	
Phone Number	Email			
EDUCATION				
High School	City			State
Earned: 🗆 High School Diploma 🗆 GED 🗆 Other -				
Post Secondary	City			State
Dates Attended	Oity	Degre	e/Cert	otate
Post Secondary	City			State
Dates Attended		Degre	e/Cert	
PREVIOUS EMPLOYMENT				
Company		City		State

Company

Supervisor Name	Phone	
Job Title	Dates Employed	
Responsibilities		
Reason for Leaving		
Can we contact your supervisor for a reference \Box YES \Box NO		

Company		City	State
Supervisor Name		Phone	
Job Title Dates Em		iployed	
Responsibilities			
Reason for Leaving			
Can we contact your supervisor for a reference 🗆 YES 🗆 NO			

Company		City	State	
Supervisor Name		Phone		
Job Title	Dates Em	nployed		
Responsibilities				
Reason for Leaving				
Can we contact your supervisor for a reference \Box YES \Box NO				

Company		City	State	
Supervisor Name		Phone		
lob Title Dates Em		ployed		
Responsibilities				
Reason for Leaving				
Can we contact your supervisor for a reference \Box YES \Box NO				

JOB TASK EXPERIENCE

Do you have experience using Electronic Health Record Practice Management Software? Have you had previous HIPAA compliance training? Do you have accounts receivable experience? YES NO Do you have experience with insurance claims and EOBs? YES NO Do you have customer service experience? YES NO Have you had previous training on customer service based phone skills? YES NO Do you have multi-tasking experience/skills appropriate for a fast-paced clinical office? YES NO Do you have the skills to efficiently perform tasks on a computer? YES NO

EMPLOYMENT CHARACTERISTICS

List the top three character traits that best describe you as an employee			
1. 2. 3.			
What are your top three skills that make you a great candidate for this position			
1.	2.	3.	

AVAILABILITY

First date available	for employment:		Desired # of weekly	hours:
Our chi	iropractic office is ope	en Monday through Fr	riday from 8:00am to	5:30pm
Working hours may include shifts between 8:00am and 6:00-6:30pm				
Please indicate	below if there are any	days/hours that you	are <u>NOT available</u> or	a regular basis.
Monday	Tuesday	Wednesday	Thursday	Friday

REFERENCES: Please list 3 personal references

Full Name	Phone
Company or Relationship	
Full Name	Phone
Company or Relationship	
Full Name	Phone
Company or Relationship	

DISCLAIMER AND SIGNATURE

I certify that my above 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 during my interview may result in my release form employment.		
Signature	Date	

Return your completed application by e-mail to GSAchiropractic@gmail.com or in person/by mail to; Stangl Chiropractic & Massage Therapy, LLC 503 E. Clairemont Avenue Eau Claire, WI 54701