



# EMPLOYMENT APPLICATION

Stangl Chiropractic & Massage Therapy, LLC

at The Chiropractic Offices of Gonstead, Stangl, & Arkowski

## APPLICANT INFORMATION

|                |  |            |     |
|----------------|--|------------|-----|
| Last Name      |  | First Name |     |
| Street Address |  |            |     |
| City           |  | State      | Zip |
| Phone Number   |  | Email      |     |

## EDUCATION

|  |  |             |       |
|--|--|-------------|-------|
| High School  |  | City        | State |
| Earned: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other - |  |             |       |
| Post Secondary   |  | City        | State |
| Dates Attended   |  | Degree/Cert |       |
| Post Secondary   |  | City        | State |
| Dates Attended   |  | Degree/Cert |       |

## PREVIOUS EMPLOYMENT

|   |  |                |       |
|---|--|----------------|-------|
| Company   |  | City           | State |
| Supervisor Name   |  | Phone          |       |
| Job Title   |  | Dates Employed |       |
| Responsibilities  |  |                |       |
| Reason for Leaving  |  |                |       |
| Can we contact your supervisor for a reference <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                |       |

|   |  |                |       |
|---|--|----------------|-------|
| Company   |  | City           | State |
| Supervisor Name   |  | Phone          |       |
| Job Title   |  | Dates Employed |       |
| Responsibilities  |  |                |       |
| Reason for Leaving  |  |                |       |
| Can we contact your supervisor for a reference <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                |       |

|   |  |                |       |
|---|--|----------------|-------|
| Company   |  | City           | State |
| Supervisor Name   |  | Phone          |       |
| Job Title   |  | Dates Employed |       |
| Responsibilities  |  |                |       |
| Reason for Leaving  |  |                |       |
| Can we contact your supervisor for a reference <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                |       |

|   |  |                |       |
|---|--|----------------|-------|
| Company   |  | City           | State |
| Supervisor Name   |  | Phone          |       |
| Job Title   |  | Dates Employed |       |
| Responsibilities  |  |                |       |
| Reason for Leaving  |  |                |       |
| Can we contact your supervisor for a reference <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                |       |

## JOB TASK EXPERIENCE

|  |
|--|
| Do you have experience using Electronic Health Record Practice Management Software? <input type="checkbox"/> YES <input type="checkbox"/> NO       |
| Have you had previous HIPAA compliance training? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| Do you have accounts receivable experience? <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| Do you have experience with insurance claims and EOBs? <input type="checkbox"/> YES <input type="checkbox"/> NO                                    |
| Do you have customer service experience? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| Have you had previous training on customer service based phone skills? <input type="checkbox"/> YES <input type="checkbox"/> NO                    |
| Do you have multi-tasking experience/skills appropriate for a fast-paced clinical office? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have the skills to efficiently perform tasks on a computer? <input type="checkbox"/> YES <input type="checkbox"/> 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 chiropractic office is open Monday through Friday from 8:00am to 5:30pm<br>Working hours may include shifts between 8:00am and 6:00-6:30pm<br>Please indicate below if there are any days/hours that you are <b>NOT available</b> on 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.<br>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 from employment. |      |
| Signature   | Date |

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