Pike County Health Department
Employment Application

606 W. Adams
Pittsfield, IL 62363
217-285-4407

Please print or type:

Applicant_____

Address _____

_____ Telephone _____

EDUCATION

High School or Business School Name and Address	Specialty (if any)	Did you graduate?	Date graduated or last attended

Advanced Education Name & Address	Credits Earned Sem.	Credits Earned Qtr	Name of Major	Name of Minor	Dates Attended From Mo/Yr	Dates Attended TO Mo/Yr	Type of Degree Earned	Date Issued

Registration, Certification or other Professional License	Number	State in Which Issued	Date Issued	Date Applied for

Employment History

Employed by: _____**Dates of Employment** _____

Address _____

Hours worked / week _____ Payroll Title _____ Beg. Salary _____ End. Salary _____

List and describe duties and responsibilities:

_____

_____

_____

Employed by: _____**Dates of Employment** _____

Address _____

Hours worked / week _____ Payroll Title _____ Beg. Salary _____ End. Salary _____

List and describe duties and responsibilities:

_____

_____

_____

Employed by: _____**Dates of Employment** _____

Address _____

Hours worked / week _____ Payroll Title _____ Beg. Salary _____ End. Salary _____

List and describe duties and responsibilities:

_____

_____

_____

I signify that the information contained in this form is true and correct to the best of my knowledge and belief. I realize that misrepresentation of this information at any time may be cause for revocation or disapproval of this application.

_____ _____

Date Signature of Applicant

Local Health Departments are required to have an affirmative action program which prohibits discrimination in employment practices on the basis of race, sex, color, religion, national origin, physical or mental handicap.

To Whom It May Concern:

I authorize the release of my employment data, evaluation of working performance, attendance, and any other pertinent and relevant information.

_____ _____

Date Signature of Applicant

Pike County Health Department
Pre-Interview Questionnaire
Dental Receptionist/Biller Applicant

1. Do you have experience with any of the following office machines?

   Computer _____ Fax _____ Calculator _____ Copier _____

   Dental Software/Electronic Records _____

2. Are you familiar with dental terminology? Yes _____ No ____

3. Which office skills do you have?

   Receptionist _____ Filing _____ Typing _____ Recordkeeping _____

   Billing/Collections _____ Bookkeeping _____ Data Entry _____ If yes, name computer

   programs you are familiar with_____

4. Do you have any experience with Medicare/Medicaid/Private Insurance?

   Medicare Part A ____ Medicare Part B _____ Patient Admission _____ Billing ____

   Prior Approval _____ Deductible/Co-payment billing _____

   Grant Record Keeping & Billing _____

5. Have you taken additional courses in the clerical field since high school? Yes _____ No _____

   If yes, please list _____

6. Have you worked in a dental office before? Yes ____ No ____

7. May we contact your past employer? Yes ____ No ____ Present employer? Yes ____ No ____

8. Any additional information _____

   _____

_____ _____
Date Signature of Applicant