

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		Name of Major	Name of Minor	Dates Attended		Type of Degree Earned	Date Issued
	Sem.	Qtr			From Mo/Yr	TO Mo/Yr		

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 _____

List and describe duties and responsibilities:

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

Address _____

Hours worked / week _____ Payroll Title _____

List and describe duties and responsibilities:

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

Address _____

Hours worked / week _____ Payroll Title _____

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

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
Clerical Applicant**

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

Computer _____ Fax _____ Calculator _____ Copier _____ Dictaphone _____
Typewriter _____

2. Are you familiar with medical terminology? Yes _____ No _____

3. Which office skills do you have?

Receptionist _____ Filing _____ Typing _____ wpm _____ Recordkeeping _____
Billing/Collections _____ Bookkeeping _____ Data Entry _____ If yes, name computer
programs you are familiar with _____

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

Part A _____ 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. May we contact your past employer? Yes _____ No _____ Present employer? Yes _____ No _____

7. Any additional information _____

Date

Signature of Applicant