

Parttime Billing Clerk Application

Applicant Name:	First Name	Middle Name	Last Name
	i not ivame	Windie Paine	Lust I valle
Address:			
Primary Phone:	(Alternate Phone: (
Email:			
1. Are you legally	authorized to work in the United	d States? YesNo	
2. Are you at least	18 years of age?	YesNo	
Are you available Yes/No	le on the 1 st Tuesday evening fo	r Monthly Board meetings from	6:30PM to 8:00PM?
4. Do you have any	commitments or responsibilities	es that might prevent you from	meeting the requirements of
the position for	which you are applying?	YesNo	
If you answered	yes to #4, above, please explain	1:	
	Educati	ion and Training	
Please list any skills	which you feel relate or are be	neficial for the position for whic	th you are applying.



BILLING CLERK APPLICATION

1.	What is the highest grade or year completed in school?
	Do you have a High School Diploma, HSED, or GED?YesNo
	Name and address of High School:
2.	Do you have any training or Degree's in accountingYesNo
	If Yes, please list training or Degree's
3.	Have you received any training in Clerical/Human Resources in the past?YesNo
	Type of training:
1	Which of the following programs you have experience with.
4.	
	a. Microsoft Programs –ExcelWordOutlookPublisher
	bQuick Books Software program
	c. Other computer programs

Please attach resume to this application for the application to be considered a complete application.

Present Employer:	
Address:	
Supervisor's Name:	Phone:
Job Title:	Date of Hire:
Working Hours:	May we contact your employer: Yes / No
Previous Employers:	
Address:	
Supervisor's Name:	Phone:
Job Title:	May we contact this employer: Yes/No
Total Time with Employer :// Month/Date/Y	Year to/_/ Month/Date/Year
Previous Employers:	
Address	
Supervisor's Name:	Phone:
Job Title:	May we contact this employer: Yes/No
Total Time with Employer :// Month/Date/Y	
Reason for leaving:	

Please list two references that are not related to you. 1. Name: Address: Phone:			
Job Title: May we contact this employer: Yes/No Total Time with Employer:/ to//	Address:		
Total Time with Employer:/ to/ Month/Date/Year	Supervisor's Name:	Phone:	
References Please list two references that are not related to you. 1. Name: Address:	Job Title:	May we contact the	is employer: Yes/No
References Please list two references that are not related to you. 1. Name: Address:	Total Time with Employer:/	te/Year to// Month/Date/Year	_
If answering no above to contacting present and previous Employers, please explain: References Please list two references that are not related to you. Address: Phone: Phone:		ne, real wionith Date, real	
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Phone:	References		
Phone:		ed to you.	
2. Name: Address:	Please list two references that are not relate	·	
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Applicant Signature Print Name Date	Please list two references that are not relate 1. Name: Phone: 2. Name:	Address:	
Applicant Signature Print Name Date	Please list two references that are not relate 1. Name: Phone: 2. Name:	Address:	
	1. Name:	Address: Address:	

Information furnished on this application is subject to verification. This information will be used to determine your qualifications. Misrepresentation of data could result in rejection as a candidate or subsequent dismissal if employed.

A background check will be conducted for all applicants before being hired for this Position.