



## Parttime Billing Clerk Application

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

1. Are you legally authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No
2. Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No
3. Are you available on the 1<sup>st</sup> Tuesday evening for Monthly Board meetings from 6:30PM to 8:00PM?  
Yes/No
4. Do you have any commitments or responsibilities that might prevent you from meeting the requirements of the position for which you are applying? \_\_\_\_ Yes \_\_\_\_ No  
If you answered yes to #4, above, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Education and Training

Please list any skills which you feel relate or are beneficial for the position for which 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of High School: \_\_\_\_\_

2. Do you have any training or Degree's in accounting \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list training or Degree's \_\_\_\_\_

\_\_\_\_\_

3. Have you received any training in Clerical/Human Resources in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Which of the following programs you have experience with.

a. Microsoft Programs – \_\_\_\_\_ Excel \_\_\_\_\_ Word \_\_\_\_\_ Outlook \_\_\_\_\_ Publisher

b. \_\_\_\_\_ Quick 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 : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Date/Year Month/Date/Year

Reason for leaving:
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Previous Employers: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact this employer: Yes/No  
Total Time with Employer : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Date/Year Month/Date/Year

Reason for leaving:
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Previous Employers: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact this employer: Yes/No

Total Time with Employer : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Date/Year Month/Date/Year

Reason for leaving:

If answering no above to contacting present and previous Employers, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Please list two references that are not related to you.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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.**