

BAY HILL PSYCHIATRIC ASSOCIATES

EMPLOYMENT APPLICATION

NAME/ADDRESS

Last	First:	Middle Initial:	SS:
Address:		E-mail:	
City:	State:	Zip:	Telephone:

DESIRED EMPLOYMENT

Position: Bay Hill Psychiatric Associates Physician Assistant		Date You Can Start:	Desired Salary & Perks:
License #:	NPI:	DEA:	
Are You Currently Employed:		If Employed, May We Inquire of Your Current Employer:	
Have You Applied to This Company Before:		If so, Where & When:	

EDUCATION

High School	Name & Location of School		
	Years Attended (Diploma/Degree)	Date Graduated	Grade Completed
University/College Undergraduate	Name & Location of School		
	Years Attended (Diploma/Degree)	Date Graduated	Grade Completed
University/College Graduate	Name & Location of School		
	Years Attended (Diploma/Degree)	Date Graduated	Grade Completed
Trade, Business or Correspondence School	Name & Location of School		
	Years Attended (Diploma/Degree)	Date Graduated	Grade Completed

EMPLOYMENT HISTORY

Employer	Job Title:
Address:	Duties:
Phone:	Salary
Date From:	Date To: Reason for Leaving:
Employer	Job Title:
Address:	Duties:
Phone:	Salary
Date From:	Date To: Reason for Leaving:

Employer	Job Title:
Address:	Duties:
Phone:	Salary
Date From:	Date To: Reason for Leaving:

REFERENCES

Name	Occupation
Address:	Relationship
Phone Number:	Years Known:
Name	Occupation
Address:	Relationship
Phone Number:	Years Known:
Name	Occupation
Address:	Relationship
Phone Number:	Years Known:

PHYSICAL RECORD

Do you have any physical disabilities that prevent you from performing the work for which you are applying? If so, describe:		
Have you ever had legal problem/ injured	Provide Details:	
In case of emergency notify: Name:	Address:	Phone:

ADDITIONAL AREAS OF EXPERTISE

Areas of specialized study, research or additional experience:		
List the foreign languages you speak fluently:	Read:	Write:
U. S. Military Service:	Rank: Present membership in National Guard or Reserves:	

Signature

Date

FOR INTERNAL USE ONLY

Interviewer:	Date:
Comments	

Questionnaire

(Please take your time and write in great detail all questionnaire it is very important)

Name:

E-mail:

Date:

LinkedIn Profile:

Social Media Account(s):

What is your strongest personality trait?

What is your accurate typing speed?

What is your strongest professional trait?

What is your major personality shortcoming?

What is your major professional shortcoming?

Do you smoke?

How do you feel about supervising yourself? Do you consider yourself to be self-motivated?

How do you respond to criticism?

Are you able to delegate, or do you prefer doing everything yourself?

Have you order online office supplies, e-stamps?

Do you work well under pressure? Do you work better under pressure or do you prefer less pressure? How do you resolve conflict?

What are your short-term and long-term goals?

Short-term goals: 1 year

Mid-Term Goad: 5 year

Long-term goals: 15 years

What are your strengths?

What would you like to improve about yourself?

What are your hobbies?

What was the last conference you attended? When? Where?

How can you help to run a medical office process efficiently ?

Do you like to work in small office? Or do you prefer a large office? Explain why

Are available to work in the weekend?

What is distance from your home to our office, Miles: and Time in rush hour:

Tell us after you review our web site www.orlandopsychiatrist.net. How you can contribute in our company to grow and make it a more Profitable Company?

Who is your Mentor: Why:

Tell us why do you think you are the best candidate for the above position?

Give us an example of what you've done to enhance patient safety.

Have you ever gotten in a disagreement with a colleague over the management of a patient? How did you handle it?

How do you get patients to open up to you about their medical history?

How do you overcome the challenges of being a physician assistant?

You cannot come to a conclusion about a patient's condition. Do you make an educated diagnosis based on their symptoms or do you ask another medical professional for assistance?

How would you treat a psychiatric patient with depression?

How would you help a psychiatric patient who is in distress?

How would you approach the care of patients who have multiple mental health issues?

Do you know how to deal with mentally challenged people? Have you encounter them at work or outside? How did you deal with them?

Have you worked with patients with one or more of these diagnosis:

If yes, circle which ones and elaborate on your experience (e.g. how do you handle the patient?).

If no, are you interested in working with psychiatric patients with the following diagnosis? Yes / No

Anxiety

Depression

Bipolar Disorder

Behavioral Issues

PTSD

ADHD

Psychotherapy

Cognitive Behavioral Therapy

Alzheimer's Disease

Conduct Disorder (OCD/ODD)

Dysthymia

Eating Disorders

Phobias

Schizophrenia

Seasonal Affective Disorder (SAD)

Substance Abuse/Chemical Dependency

Autism Spectrum Disorder

Tourette Syndrome

What would you do if you disagreed with a psychiatrist or PA about a patient's care?

What would you do if a patient disagreed with your diagnosis or refused treatment?

How do you determine which type of medication to use when there are multiple options that treat the same condition?

How do you handle stressful situations? What do you do to distress? (e.g. go for a walk, meditate, etc).

What electronic medical records (EMR) do you have experience working with? Have you worked any of the following: Practice Fusion, Updox, CoverMyMeds, OfficeAlly, Hushforms (form builder).

Do you have experience working with Telemedicine work environment? Explain.

Any things else that we haven't ask? You may like to write below.