

Syeda N. Sultana, M.D.

Board Certified Child, Adolescent & Adult Psychiatrist

Bay Hill Psychiatric Associates

6068 S Apopka Vineland Road

Suite # 3, Orlando, FL 32819

Phone: 407 903 9696

Fax: 407 903 9698

info@orlandopsychiatrist.net

Orlando Psychiatrist.Net

Bayhillpsych.com

Kissimmee Psychiatrist.com

South Lake Psychiatrist.com

Providing Mental Healthcare Since 2004

EMPLOYMENT APPLICATION

NAME/ADDRESS

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

DESIRED EMPLOYMENT

Position: Bay Hill Psychiatric Associates, Assistant Manager/ Front Office Assistant/ Admin Help	Date You Can Start	Desired Salary: (Must)
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:

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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

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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

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

Name:

E-mail:

Date:

1. What is your strongest *personality* trait?

What is your accurate typing speed?

What is your strongest *professional* trait?

Do you know how to surf healthcare internet and communicate via the HER/EMR/
Gateway electronic billing?

2. What is your major *personality* shortcoming?

Do you smoke?

What is your major *professional* shortcoming?

3. What is the biggest business mistake you have ever made?

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

5. How do you respond to criticism?

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

7. Do you consider yourself to have good skills in the following areas: (please elaborate)

Organization –

Leadership –

Communication –

8. Are you funny? Do you have a sense of humor?

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Explain:

9. Are you able to handle “hum-drum,” detail work? Do you know how to do Vital? Have you used scanner & Web Cam to upload Photos/Records to EHR/ EMR ? Are you familiar online Credit payment ? HIPPA and dial my calls. Patient Vitals Have you used Officeally.com practice mate billings software? Have you used practicefusion.com or any EMR/ HER , E-prescribe, Covermymed.com Rx pre- authorization , availity.com? Do you know how to update website and social media?
10. Do you work well under pressure? Do you work better under pressure or do you prefer less pressure? How do you resolve conflict? How will you resolve patient conflict?
11. Do you consider yourself a team player?
12. Please write the last non-fiction book you've read.
13. Please write the last motivational tape you've listened.
14. What are your short-term and long-term goals?

Short-term goals: 1 year

Mid-Term Goad: 5 year

Long-term goals: 15 years
15. What are your strengths?
16. What would you like to improve about yourself?
17. What are your hobbies?
18. How do you feel dealing with people ? Have you worked in the medical office before?

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

19. How can you help us to run a medical office process efficiently ?
20. Do you like to work in small office? Or do you prefer a large office? Explain why
20. Are available to work in the weekend?
21. What is distance from your home to our office, Miles: and Time in rush hour:
22. 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?
23. Who is your Mentor: Why:
24. Who is favorite movie star:
25. Who is favorite President:
26. Political Party of your choice:
27. Tell us why do you think you are the best candidate for the above position?
28. Any things else that we haven't ask? You may like to write below.

All Mighty Creator increase my knowledge, Quran

Verily never will The All Mighty Creator change a condition of a people until they change what is within their souls [Ra'd 13:11Holy Quran]