altheda MEDICAL CENTER

**Phone**: (412) 875-5275 I **Fax**: (412) 679-7051
hr@altheda.com

# Hiring Screening Checklist

## (Medical Assistant/equivalent Position)

NAME: _____

CREDENTIALS (if any, *e.g.*, phlebotomy, CCMA, *etc*): _____

CREDENTIALS ISSUANCE DATE (valid from; if any): _____

CREDENTIALS EXPIRATION DATE (valid until; if any): _____

Type of employment sought: ☐ Full-time ☐ Part-time When could you start? _____

Are you currently a student? ☐ Yes ☐ No

If YES, list your enrolled school here: _____

Will you be able to commit **15 hours minimum per week**, and **4 hours minimum per shift**?
☐ Yes ☐ No

If YES, what would your schedule look like (please provide exact hours)?

_____

If NO, list your most recent school/institution here: _____

Are you currently on a gap year? ☐ Yes ☐ No

How many hours will you be able to commit per week? _____hours

Can you reliably commute to your assigned location for all scheduled shifts, including early mornings, evenings, and weekends if required? ☐ Yes ☐ No

This role requires punctual arrival. Are there any known constraints that could affect on-time attendance?
☐ Yes ☐ No

What type of clinic environment are you most familiar with? Primary care, urgent care, specialty, or hospital-based? If none, write "N/A".

_____

What clinical tasks did you personally perform versus assist with/observed? If none, write "N/A".

_____

Which of the following clinical tasks have you performed independently on a consistent basis (not one-time or occasional exposure)? If none, write "N/A".

_____

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If you are currently a student/on gap year preparing for applications:

How do you manage or plan on managing school responsibilities alongside work commitments?

_____

Have you ever had to balance classes, exams, and clinical hours at the same time?

_____

What systems do you use to stay organized and on time?

_____

Do you anticipate any upcoming schedule changes that could affect your availability?

_____

What are your professional goals? Healthcare administration/assistance/management? CCM, RN, PA-C, CRNP, MD/DO, *etc*? Others?

_____

If there is a time-sensitive update about scheduling, workflows, or patient safety, are you able to review and acknowledge messages in a timely manner outside of your shift? ☐ Yes ☐ No

How would you describe your communication style with colleagues and leadership (choose one)?
☐ Highly responsive and proactive
☐ Responsive as needed
☐ Prefer minimal interaction once expectations are clear

SIGNATURE: _____

DATE: _____