

AMERICAN MEDICAL CENTER, LLC
 EMPLOYMENT APPLICATION (An Equal Opportunity Employer)



APPLICANT INFORMATION (continuation page)						
Last Name			First Name		M.I.	
EMPLOYMENT HISTORY - please list employment history for the last ten years						
Company					Telephone No.	
Address			Supervisor			
Job Title		Starting Salary			Ending Salary	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for reference?					YES	NO
Company					Telephone No.	
Address			Supervisor			
Job Title		Starting Salary			Ending Salary	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for reference?					YES	NO
Company					Telephone No.	
Address			Supervisor			
Job Title		Starting Salary			Ending Salary	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for reference?					YES	NO
Company					Telephone No.	
Address			Supervisor			
Job Title		Starting Salary			Ending Salary	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for reference?					YES	NO
DISCLAIMER AND SIGNATURE						
I certify that the information contained in this application is correct to the best of my knowledge. I understand that incorrect information is grounds for disqualification for consideration or dismissal of employment. I authorize my former employers, references and other individuals or organizations <i>American Medical Center</i> deems necessary to verify any information I have given. I release each employer and reference from any and all liability or causes of action including but not limited to defamation or invasion of privacy.						
Signature					Date	