

# AMERICAN MEDICAL CENTER, LLC

EMPLOYMENT APPLICATION (An Equal Opportunity Employer)



APPLICANT INFORMATION					
Last Name		First Name		M.I.	
Residential/Street Address					
City		State		Zip	
Mailing Address (if different from above)					
Home Phone		Alternate Contact No.		Email Address	
Are you legally authorized to work in the United States?		YES	NO	Are you 18 years or older?	
				YES	NO
Position Desired			Salary Desired		
Are you currently employed?		YES	NO	If so, may we inquire from your present employer?	
				YES	NO
EDUCATION					
High School		Address			
Did you graduate?		YES	NO	Degree	
College		Address			
Did you graduate?		YES	NO	Degree	
Other		Address			
Did you graduate?		YES	NO	Degree	
REFERENCES - please list three professional references					
Name		Years Acquainted			
Address		Telephone No.			
Name		Years Acquainted			
Address		Telephone No.			
Name		Years Acquainted			
Address		Telephone No.			
Emergency Contact (Name & Phone No.)					

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK						
Activities, Civic, Athletic, etc. which you consider are relevant to your ability to perform the job.						
EMPLOYMENT HISTORY - please list employment history for the last ten years - use continuation page if needed						
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		
FOR AMERICAN MEDICAL CENTER OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE						
Interviewed by				Date		
Recommendation	Hire	Do Not Hire		Position		
HR Use Only	Rate of Pay		Status		Start Date	
Approved		Disapproved		General Manager or Partner Signature		