

**JEFFERSON COMMUNITY HEALTH CARE CENTERS, INC.**  
Employment Application



APPLICANT INFORMATION					
Last		First		M.I.	
Street				Apartment/	
City					
		E-mail			
Date		Social		Desired	
Position					
Are you a citizen of the United	YES	NO	If no, are you authorized to work	YES	NO
Have you ever worked for this	YES	NO	If so,		
Have you ever been convicted	YES	NO	If yes,		

EDUCATION					
High					
From	To	Did you	YES	NO	
From	To	Did you	YES	NO	
Other					
From	To	Did you	YES	NO	

REFERENCES	
Please list three professional references.	
Full	
Company	( )
Address	
Full	
Company	( )
Address	
Full	
Company	( )
Address	

PREVIOUS EMPLOYMENT				
			Phone (    )	
Address				
Job Title		Starting Salary	\$	Ending Salary \$
From            To		Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
			Phone (    )	
Address				
Job Title		Starting Salary	\$	Ending Salary \$
From            To		Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
			Phone (    )	
Address				
Job Title		Starting Salary	\$	Ending Salary \$
From            To		Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	

MILITARY SERVICE	
Branch	To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date