FOUNTAIN COMMUNITY HEALTHCARE SERVICES

Employment Application

Fax. 502-868-9152

APPLICANT INFORMATION												
Last Name		First		M.I.	DOB							
Street Address					Apartment/Unit #							
City		State		ZIP								
Phone		E-mail Address										
Date Available		Social Security No.		Desired Salary								
Position Applied for												
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐							
Have you ever worked for this company?	YES ☐	NO ☐	If so, when?									
Have you ever been convicted of a felony?	YES ☐	NO ☐	If yes, explain									

EDUCATION												
High School				Address								
From		To		Did you graduate?	YES ☐	NO ☐	Degree					
College				Address								
From		To		Did you graduate?	YES ☐	NO ☐	Degree					
Other				Address								
From		To		Did you graduate?	YES ☐	NO ☐	Degree					

REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company		Phone
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company		Phone
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		

MILITARY SERVICE

Branch	From 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