

EMPLOYMENT RECORD

(Please give accurate, complete full-time and part-time employment information. List your last three jobs, starting with the most recent on first.)

1. _____
Company Name and Address

Name of Supervisor and Telephone Number

| From | (Date of Employment) | To | Pay | Reason for Leaving |
|------|----------------------|----|-----|--------------------|
|------|----------------------|----|-----|--------------------|

Kind of Work (Job Title)

Brief Description of Your Job

2. _____
Company Name and Address

Name of Supervisor and Telephone Number

| From | (Date of Employment) | To | Pay | Reason for Leaving |
|------|----------------------|----|-----|--------------------|
|------|----------------------|----|-----|--------------------|

Kind of Work (Job Title)

Brief Description of Your Job

3. _____
Company Name and Address

Name of Supervisor and Telephone Number

| From | (Date of Employment) | To | Pay | Reason for Leaving |
|------|----------------------|----|-----|--------------------|
|------|----------------------|----|-----|--------------------|

Kind of Work (Job Title)

Brief Description of Your Job

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, special skills, etc.

Can we contact your current employer regarding your employment? YES NO

PROFESSIONAL REFERENCES (Do Not Include Relatives)

1. _____

| Name/Address | Occupation | Telephone # |
|--------------|------------|-------------|
|--------------|------------|-------------|

2. _____

| Name/Address | Occupation | Telephone # |
|--------------|------------|-------------|
|--------------|------------|-------------|

3. _____

| Name/Address | Occupation | Telephone # |
|--------------|------------|-------------|
|--------------|------------|-------------|

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by JLHCA, Inc. Board of Directors. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that, if hired, I will be required to submit to alcohol/drug testing on pre-employment, post-accident, random and/or "for cause" basis.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____