



5. LIST PREVIOUS EMPLOYERS WITHIN THE PAST 10 YEARS (INCLUDE ADDRESS AND JOB TITLE):

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Check if additional sheet is used.

6. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY MEMBER OF THE BOARD OF DIRECTORS OF THE GREENE COUNTY MEMORIAL HOSPITAL FOUNDATION? \_\_\_\_\_

7. IF YOUR ANSWER IS YES, LIST ALL MEMBERS WHOM YOU ARE RELATED TO:

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THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ABILITY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\*ATTACH ESSAY (required)\*\*

\*\*LETTER OF RECOMMENDATION MUST BE MAILED DIRECTLY TO THE FOUNDATION OFFICE (SEE INFORMATION PROVIDED UNDER PROGRAM DESCRIPTION)\*\*