



APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Name: _____ Date: _____

Last First MI

Telephone #: _____ Email Address: _____

Present Address: _____

Address City State Zip

Position Applying for: _____ Desired rate of pay: _____

Full Time Part Time Days Nights Hours Preferred: _____

Have you been previously employed by Adaptive? Yes No If Yes, when? _____

Are you at least 18 years old? YES NO

Are you a US Citizen, or do you have the legal right to remain and work permanently in the US? YES NO

Do you have adequate means of transportation to get to and from work each day? YES NO

Please identify which of the following you currently have by checking the appropriate box:

CPR Health Assessment/Physical TB Test

Professional License/Certifications:

HHA CNA LPN RN

Have you ever had any license revoked, suspended, limited, or not renewed in any state? YES NO

Have you ever been convicted of a crime? Yes No (Note: Conviction of a crime will not necessarily preclude your employment.)

If yes, describe in full: _____

Person to be notified in case of an accident or emergency: _____ Phone #: _____

RECORD OF EDUCATION

| School | Name and Location of School | Graduated? (Circle One) |
|--------|-----------------------------|----------------------------|
| | | Y/N |
| | | Y/N |

EMPLOYMENT RECORD

| Name & City of Company | FROM mo/yr | TO mo/yr | Position Held/Description of type of work | Starting Pay | Ending Pay | Name of Supervisor | Reason for Leaving |
|------------------------|---------------|-------------|---|-----------------|---------------|-----------------------|--------------------|
| | | | | | | | |
| | | | | | | | |

**Adaptive provides equal employment opportunities without regard to race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability.

I certify that the information in this application is true and complete for all practical purposes. Should a position be offered and later it is found that any of this information is untrue, incomplete, or misrepresented, I understand and agree that the Adaptive has the right to end my employment.

I voluntarily give Adaptive the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within 3 days show satisfactory evidence of identity and eligibility for employment.

Applicant Signature: _____ Date: _____