



APPLICATION FOR EMPLOYMENT

Adagio Health Inc. is dedicated to equal employment opportunity. All qualified applicants will receive consideration for employment without regard to race, age, color, religion, sex, national origin, political affiliation or handicap.

PERSONAL

Name _____ Date _____
LAST FIRST MIDDLE

STREET ADDRESS CITY STATE ZIP

Telephone No. and Area Code (_____) _____ Social Security No. _____

Name of Person to be Notified in Case of Emergency _____
FIRST LAST

Address _____ Telephone No. and Area Code (_____) _____

Have you been previously employed or made application at Adagio Health?

Yes No When _____

If previously employed by Adagio Health: Supervisor _____ Dept. _____

How were you referred? _____

Position Applied For? _____

Minimum Salary Requirement \$ _____ per _____ Earliest date available _____

List names of friends or relatives working at Adagio Health _____

Are you available to work any shift? _____ Weekends _____ If not, please specify _____

MILITARY

Were you ever a member of the Armed Forces of the U.S.? _____ Rank _____ Branch _____

Date Entered _____ Date of Separation _____

Are you a member of the Reserve? _____ Branch _____

Are you prevented from lawfully becoming employed in this country because of immigration or visa status?

YES

NO

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? _____ If yes, please give date, charge, location and disposition _____

Do you have a valid State driver's license? _____ Number _____

Will you be able to travel overnight? Yes No

Will you be able to travel within the Adagio Health region? Yes No

EDUCATION

High School attended? _____ Highest Grade completed _____

COLLEGE AND TRADE SCHOOL RECORD

Name and Address of School	Dates		Major Subjects	Degree Obtained	Date
	From	To			

Additional Certifications or Licensures _____

List software programs with which you are familiar: _____

PROFESSIONAL REFERENCES

List three people who may be contacted who are familiar with your ability in a professional setting. Do not give friends, relatives or other personal contacts.

First Name	Last Name	Phone	Address	Occupation	How Long Known

EMPLOYMENT

List all jobs and activities including U.S. Military Service, Schools, Part Time Employment while in School, Self Employment and Periods of Unemployment for the past 10 years. Please include complete addresses. If self employed, please give firm name, address and a business reference. Please also list significant experience more than 10 years ago. Begin with most recent.

May we contact your present employer for references? _____

Employer _____ Phone No. _____	FROM Month	Year
Street Address _____ City _____ State _____ Zip _____	TO Month	Year
Name and Title of Supervisor _____	STARTING BASE PAY \$	Per
Your Position _____	LEAVING BASE PAY \$	Per
Description of Duties, Responsibilities and Significant Achievements _____	OTHER COMPENSATION (OVER-TIME, BONUS, ETC.)	
_____	REASON FOR LEAVING	

Employer _____ Phone No. _____	FROM Month	Year
Street Address _____ City _____ State _____ Zip _____	TO Month	Year
Name and Title of Supervisor _____	STARTING BASE PAY \$	Per
Your Position _____	LEAVING BASE PAY \$	Per
Description of Duties, Responsibilities and Significant Achievements _____	OTHER COMPENSATION (OVER-TIME, BONUS, ETC.)	
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Employer _____ Phone No. _____	FROM Month Year
Street Address _____ City _____ State _____ Zip _____	TO Month Year
Name and Title of Supervisor _____	STARTING BASE PAY \$ Per
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Employer _____ Phone No. _____	FROM Month Year
Street Address _____ City _____ State _____ Zip _____	TO Month Year
Name and Title of Supervisor _____	STARTING BASE PAY \$ Per
Your Position _____	LEAVING BASE PAY \$ Per
Description of Duties, Responsibilities and Significant Achievements _____	OTHER COMPENSATION (OVER-TIME, BONUS, ETC.)
_____	REASON FOR LEAVING

PRE-EMPLOYMENT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand and agree that my employment is for no definite period of time and may, regardless of the date of my wages and salary, be terminated at any time without any previous notice.

Signature of Applicant _____ Date _____

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____ Date _____