



## Employment Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt. #  
City State Zip Code

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Residential Program: \_\_\_\_\_ Employment Program: \_\_\_\_\_

Have you ever worked for ABLE?  YES  NO If YES, when? \_\_\_\_\_

Have you served in the military?  YES From: \_\_\_\_\_ To: \_\_\_\_\_

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 been convicted of a felony?  YES  NO  
If YES, explain \_\_\_\_\_

Have you ever worked with vulnerable adults?  YES  NO  
If YES, explain \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO GED  YES  NO

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

## References

*Please list three personal references*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Disclaimer and Signature

*I certify that the information given on this application is 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: \_\_\_\_\_

ABLE

STAFF EMERGENCY CONTACT FORM

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Information regarding hospitalization coverage:

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Please give name and telephone number of 2 people to contact in an emergency:

1. Name: \_\_\_\_\_ Relationship (optional): \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship (optional): \_\_\_\_\_

Phone #: \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_

List any health conditions that may be important in case of need for emergency medical treatment (optional):  
\_\_\_\_\_  
\_\_\_\_\_

\*\* ABLE IS NOT RESPONSIBLE FOR REIMBURSEMENTS FOR MEDICAL ATTENTION OR ANY OTHER TYPE OF COMPENSATION FOR EMERGENCY TREATMENT.

DOCTOR: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

\*\*\*\* IF ANY CHANGES OCCUR, PLEASE NOTIFY US IMMEDIATELY