



A.B.L.E. USE ONLY

Date Rec'd: \_\_\_\_\_

By: \_\_\_\_\_

# EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, gender, genetic information, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> ABLE website <input type="checkbox"/> Advertisement <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other website <input type="checkbox"/> Workforce <input type="checkbox"/> Relative _____	

Last Name	First Name	Middle Name
Street Address	City	State      Zip
Telephone Number(s)		
Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... Yes \_\_\_ No \_\_\_

Have you filed an application with us previously? ..... Yes \_\_\_ No \_\_\_  
 If Yes, give date \_\_\_\_\_

Have you been employed with us previously? ..... Yes \_\_\_ No \_\_\_  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... Yes \_\_\_ No \_\_\_

Are you currently employed? ..... Yes \_\_\_ No \_\_\_  
 If Yes, may we contact your present employer? ..... Yes \_\_\_ No \_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ..... Yes \_\_\_ No \_\_\_  
*Proof of citizenship or immigration status will be required upon employment*

Are you available to work:      Date available for work      \_\_\_\_/\_\_\_\_/\_\_\_\_

Full-Time (34+ hrs. per week- rotation of early a.m.'s/mid-afternoon/evenings during the week, and every other weekend)

Part-Time (<34 hrs. per week- weekends/early a.m.'s & p.m.'s during the week.)

Substitute (please indicate availability: \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... Yes \_\_\_ No \_\_\_

<b>EDUCATION</b>	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree (yes or no)
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				
Describe any specialized training, apprenticeship, skills.				

ABLE Inc. is an equal opportunity employer. This information is **VOLUNTARY** and will be used to assist us in establishing our affirmative action goals only.

**RACE:**  Asian  Native American  Pacific Islander  White  African American  
 Hispanic/Latino  Other

**VETERAN:**  Yes  No **DISABLED:**  Yes  No

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the position for which you have applied? A review of the activities involved in the position has been given.

Yes  No

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING**

**APPLICANT'S STATEMENT**

I certify that answers given on this application are true and complete.

I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time or not.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the authorized executive of this organization.

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, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

# EMPLOYMENT HISTORY

<b>1. Employer</b>		Dates Employed		Job Title/Work Performed
		From	To	
Street Address				
City	State	Zip		
Phone # ( ) -	Fax # ( ) -	Hourly Rate/Salary		
Supervisor Name and Company email		Starting	Final	
Reason for Leaving				
<b>2. Employer</b>		Dates Employed		Job Title/Work Performed
		From	To	
Street Address				
City	State	Zip		
Phone # ( ) -	Fax # ( ) -	Hourly Rate/Salary		
Supervisor Name and Company email		Starting	Final	
Reason for Leaving				
<b>3. Employer</b>		Dates Employed		Job Title/Work Performed
		From	To	
Street Address				
City	State	Zip		
Phone # ( ) -	Fax # ( ) -	Hourly Rate/Salary		
Supervisor Name and Company email		Starting	Final	
Reason for Leaving				
<b>4. Employer</b>		Dates Employed		Job Title/Work Performed
		From	To	
Street Address				
City	State	Zip		
Phone # ( ) -	Fax # ( ) -	Hourly Rate/Salary		
Supervisor Name and Company email		Starting	Final	
Reason for Leaving				

(If you need more space please attach a separate sheet of paper)

## REFERENCES

<b>1. Name</b>	Phone #
Street Address	City State Zip
<b>2. Name</b>	Phone #
Street Address	City State Zip
<b>3. Name</b>	Phone #
Street Address	City State Zip

1700 Lancer Blvd.  
 La Crescent, MN 55947  
 Phone (507) 895-8111 x1312  
 Fax (507) 895-4505



## RELEASE OF INFORMATION FOR EMPLOYMENT REFERENCE

### Applicant's Authorization

I consent to and authorize the named reference or employer, and its agents and employees, to furnish any information concerning me, including achievement, performance, character, attendance, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the named reference or employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any information provided pursuant to this authorization or any attempts to comply with this information. I understand that this Release of Information form will be photo copied and sent to named employers or references and is as valid as the original.

Applicant Name: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_

Name While Employed (if different): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO REFERENCE:

Please furnish the following information for above named person. The applicant understands that the information you provide is confidential.

### Record of Employment:

Position Held: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Has the individual ever been disciplined or discharged for sexual harassment, fighting, assault or safety rules violation?

\_\_\_\_\_

To the best of your knowledge, has this person been terminated from, or resigned from, any place of employment due to client abuse, neglect or mistreatment?

Please rate the following:	Excellent	Good	Average	Fair	Poor
Basic Work Skills/Knowledge					
Communication Skills					
Initiative/Ambition					
Reaction to Authority/Cooperation					
Attendance/Dependability/Punctuality					
Poise/Maturity/Leadership					

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Writer \_\_\_\_\_ Title \_\_\_\_\_

Signature of Writer \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_



**NAME:** \_\_\_\_\_

Please respond to the questions below:

- Based on ABLE's Vehicle Insurance coverage:
  - I am between the ages of 18-20 years old, possess a valid driver's license, and have a clear (no violations) driving record.  
**YES or NO?** \_\_\_\_\_
  - I possess a valid driver's license, am 21 years old or more and have:
    1. No major violations in the last 3 years (DWI, vehicular homicide, reckless driving, drugs or leaving the scene)
    2. No more than one moving violation in the last three years in combination with one at fault accident OR no more than two moving violations with no at fault accidents OR no more than two at fault accidents with no moving violations.**YES or NO?** \_\_\_\_\_
  - I have had a driver's license for a minimum of one year  
**YES or NO?** \_\_\_\_\_
- New Employee Orientation requirements at ABLE include being available on several weekday evenings for the first months of employment in order to complete Orientation and Training sessions that meet ABLE's licensing requirements.

I will make myself available to attend the required Orientation and Training sessions in the first months of employment with ABLE, Inc. **YES or NO?** \_\_\_\_\_

**For Direct Support Professional and Direct Support Supervisor Applicants only:**

- All part-time and full-time employees are scheduled to work every other weekend.  
I am available to work every other weekend. **YES or NO?** \_\_\_\_\_
- All part-time and full-time employees are scheduled to work a rotation of holidays, annually. (New Year's Day, Easter, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving, Christmas Eve (after 3:00 p.m.), Christmas Day, New Year's Eve (after 3:00 p.m.))
  - I understand working a holiday rotation is a requirement of being a part-time or full-time employee of ABLE and I am able to work a holiday rotation.  
**YES or NO?** \_\_\_\_\_

***If you are selected for a position with ABLE, continued employment will be contingent upon meeting these requirements along with a MN background study stating you are eligible.***

EQUAL OPPORTUNITY EMPLOYER/AFFIRMATIVE ACTION