

# Abilities Plus

## Employment Application

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Abilities Plus is an equal opportunity employer, and as such will consider all applications regardless of race, age, religion, color, marital, sexual orientation, national origin, genetic conditions, disability, or predispositions, or certain military and veteran status or any other legally protected status.

**Shaded areas of application must be completed or marked N/A - Please Print**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Number and Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Questions

Are you currently employed? *Yes or No* \_\_\_\_\_ May we contact your employer? *Yes or No* \_\_\_\_\_

Expected salary range: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_ Best time to reach you at that number: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Have you applied for a job at Abilities Plus in the past? *Yes or No* \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Have you ever been employed at Abilities Plus in the past? *Yes or No* \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Shift Preference    First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_  
(Mark an X in front of all that apply)

Hour Preference    Full time \_\_\_\_\_ Part time \_\_\_\_\_ Substitute \_\_\_\_\_  
(Mark an X in front of all that apply)

Are you 18 years of age or older? *Yes or No* \_\_\_\_\_

Are you legally authorized to work in the United States *Yes or No* \_\_\_\_\_  
(Proof of identity and employment authorization will be required upon employment)

## Educational Background

### HIGH SCHOOL NAME:

City & State \_\_\_\_\_

Did you graduate? *Yes or No* \_\_\_\_\_

# of Years completed \_\_\_\_\_

Course of Study: \_\_\_\_\_

### UNDERGRADUATE

(College or University) \_\_\_\_\_

City & State: \_\_\_\_\_

Degree earned: \_\_\_\_\_

# of Years completed: \_\_\_\_\_

Course of Study: \_\_\_\_\_

### GRADUATE:

(College or University) \_\_\_\_\_

City & State: \_\_\_\_\_

Degree earned: \_\_\_\_\_

# of Years completed: \_\_\_\_\_

Course of Study: \_\_\_\_\_

### OTHER: (specify)

City & State: \_\_\_\_\_

Degree earned: \_\_\_\_\_

# of Years completed: \_\_\_\_\_

Course of Study: \_\_\_\_\_

## Training Related to Position

(click inside of text box and begin typing) If you need more room please attach a separate document

## Community Activities

If you need more room please attach a separate document

Please exclude activities which would disclose any protected status such as; age, race, religion, disability or gender.

# Employment History MOST RECENT JOBS FIRST

**1**

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

Name of Employer: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and Street* *City* *State* *Zip*

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**2**

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

Name of Employer: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and Street* *City* *State* *Zip*

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**3**

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

Name of Employer: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and Street* *City* *State* *Zip*

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**4**

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

Name of Employer: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and Street* *City* *State* *Zip*

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**To list more employers or job duties, use additional sheets or send a resume**

## **Employment History (continued)**

If you need more room please attach a separate document. If you have not been continuously employed, please explain any gaps in your work history.

Have you ever been discharged or asked to resign? If yes, please explain below.

## **Personal References (non-relatives)**

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

Relationship: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

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

Relationship: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

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

Relationship: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

## **Specific Qualifications**

*Mark an X in front of all that apply:*

### Technology Skills

|           |              |                 |                                |
|-----------|--------------|-----------------|--------------------------------|
| _____ PC  | _____ Word   | _____ Publisher | _____ Power Point              |
| _____ MAC | _____ Excel  | _____ Outlook   | _____ Crystal Reports          |
| _____ WPM | _____ Access | _____ Network   | _____ Other ( <i>specify</i> ) |

### Direct Service Training

|           |               |           |                               |
|-----------|---------------|-----------|-------------------------------|
| _____ DSP | _____ CNA     | _____ RN  | _____ Developmental Therapist |
| _____ CPR | _____ 1st Aid | _____ CPI | _____ Behavior Management     |

### Maintenance Skills

|                 |               |             |                  |
|-----------------|---------------|-------------|------------------|
| _____ Forklift  | _____ Boiler  | _____ HVAC  | _____ Floors     |
| _____ Plumbing  | _____ Auto    | _____ Lawns | _____ Electrical |
| _____ Carpentry | _____ Masonry |             |                  |

## Other Information

If you need more room please attach a separate document

Please write a brief statement to explain your interest in becoming an employee with Abilities Plus.

Please include any other information you feel is applicable to applying for this position (optional)

## Applicant's Acknowledgement

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any material false statements or omissions will lead to immediate dismissal, and I agree that the Agency shall not be held liable in any respect if my employment is terminated, or if I am no longer considered for employment for that reason. I understand that this Application for Employment and other Agency documents are not contracts of employment. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history and/or credit and financial records, employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act. I understand that, within a reasonable period, I may make a written request for detailed information concerning such investigation. I authorize the companies, schools, and persons named above to give any information requested regarding my employment, character, and qualifications, and release and hold harmless (employer) and the companies, schools, and persons from any liability. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause, at the option of either myself or the Agency, and that no promises or representations contrary to the foregoing are binding on the Agency unless made in writing and signed by me and the Agency's Executive Director. I further understand that any offer of employment will be conditional, based upon the results of Essential Function Testing and background checks. I understand and agree to submit to a pre-employment drug test. If the test results are positive, I understand that I shall not be considered for employment.

Note to Applicant: Please note that this application is considered current for 30 days. If you want to be considered for employment after this time, you must complete another Application for Employment.

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Signature of Applicant  
*(Type name if completing online)*

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Date

If mailing, send to:

Abilities Plus  
Attn: Receptionist  
1100 N. East St.  
Kewanee, IL 61443