

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:

Social Security Number
(For background checks)

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 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: _____ Did you graduate? _____ *Yes or No*

City & State: _____ # of Years completed: _____

Course of Study: _____

UNDERGRADUATE: _____ Degree earned: _____

(College or University)

City & State: _____ # of Years completed: _____

Course of Study: _____

GRADUATE: _____ Degree earned: _____

City & State: _____ # of Years completed: _____

Course of Study: _____

OTHER: (specify) _____ Degree earned: _____

City & State: _____ # 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

1Phone #: 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? Yes or No If Yes, please explain.

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

<input type="text"/> PC	<input type="text"/> Word	<input type="text"/> Publisher	<input type="text"/> Power Point
<input type="text"/> MAC	<input type="text"/> Excel	<input type="text"/> Outlook	<input type="text"/> Crystal Reports
<input type="text"/> WPM	<input type="text"/> Access	<input type="text"/> Network	<input type="text"/> Other (specify)

Direct Service Training

<input type="text"/> DSP	<input type="text"/> CNA	<input type="text"/> RN	<input type="text"/> Developmental Therapist
<input type="text"/> CPR	<input type="text"/> 1st Aid	<input type="text"/> CPI	<input type="text"/> Behavior Management

Maintenance Skills

<input type="text"/> Forklift	<input type="text"/> Boiler	<input type="text"/> HVAC	<input type="text"/> Floors	<input type="text"/> Plumbing
<input type="text"/> Auto	<input type="text"/> Lawns	<input type="text"/> Electrical	<input type="text"/> Carpentry	<input type="text"/> Masonry

Other Information

If you need more room please attach a seperate 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 applicible 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 may be conditioned upon the results of Essential Function Testing.

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.

Signature of Applicant
(Type name if completing online)

Date

If mailing, send to Abilities Plus
Attn: Receptionist
1100 N. East St.
Kewanee, IL 61443