

# Abilities Unlimited of Jonesboro, Inc.

2725 N. Church St.  
Jonesboro, AR 72401

## Application For Employment

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

### Personal Information

Name (First & Last)

Date of application

Address		City	State	Zip
Phone Number	Social Security number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been employed with us before? Yes <input type="checkbox"/> Date _____ No <input type="checkbox"/>		

Is a hiring Supervisor currently expecting your application? If yes, Who? \_\_\_\_\_

Do you have a current Arkansas Driver's License? Yes  No

Do you have transportation? Yes  No

Do you have current auto insurance? Yes  No

Do you have a HS diploma or GED? Yes  No

Have you been convicted of a **felony** in the past **10 years**? Yes  No

If so, List offense(s):

Have you been convicted of a **misdemeanor** in the past **5 years**? Yes  No

If so, List offense(s):

Can you pass adult/ child abuse/maltreatment registry check? Yes  No

Is there anything that will prevent you from passing CPR & First Aid tests? Yes  No

#### Driving Record

In the past 3 years, have you had any of the following violations?

DWI / DUI Alcohol or Drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reckless Driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driving with suspended license	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hit and Run	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speeding over 20 mph	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other major violations	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In the past 4 years, have you had any of the following violations?

Speeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Improper lane change	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Careless driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>	At-fault accidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other violations	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Do you have experience working with or helping individuals with developmental disabilities or behavioral health diagnosis? Yes  No

If yes, describe what assistance you provided and the length of time or dates you provided it.

### Position

Position You Are Applying For

Available Start Date

Desired Pay

Employment Desired

Full Time

Part Time

Seasonal/Temporary

## Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

## Education

School Name	Location	Years Attended	Degree Received	Major

## Employment History

<b>Employer (1)</b>	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Reason for leaving:

<b>Employer (2)</b>	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Reason for leaving:

<b>Employer (3)</b>	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Reason for leaving:

<b>Employer (4)</b>	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Reason for leaving:

## References

Name	Title	Company	Phone

Describe any specialized training , apprenticeship, skills, and extra curricular activities

Additional info:

## Signature Disclaimer

I certify that my answers are 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.

Name (Please Print)

Signature