

Application Information

Full name:					Date:
	Last	First	۸	//iddle/Maiden	
Address:					Phone:
	Street add	ress		Apt/Unit #	
					Email:
	City		State	Zip Code	
Date Available:	S.S.	S. no:			Birthdate:
Position applied	for:				
Are you a citizer	of the United States?	Yes □	No □		
If no oro you ou	therized to work in the LLC 2	V □	Na 🗆		
ii iio, are you ac	thorized to work in the U.S.?	Yes □	No □		
Have you ever w	vorked for this company?	Yes □	No □	If yes, when?	
Have you ever b	een convicted of a criminal	Yes □	No □	If yes, explain	?
	nan a minor traffic violation)?			,,	
Education					
High school:			Address:		
From:	То:	Did yo	ou graduate?	Yes □ No	□ Diploma:
GED:			Address:		
GED.			Address.		
From:	То:	Did yo	ou graduate?	Yes □ No	☐ Cert:
College:			Address:		
From:	То:	Did yo	ou graduate?	Yes □ No	□ Degree:



References

Please list one personal and two professional references.				
Full name:	Relationship:			
Company:	Phone:			
Address:	Email:			
Full name:	Relationship:			
Company:	Phone:			
Address:	Email:			
Full name:	Relationship:			
Company:	Phone:			
Address:	Email:			
Previous Employment				
Company:	Phone:			
Address:	Supervisor:			
Job title:	From:		То:	
Responsibilities:				
May we contact your previous supervisor for a reference?	Yes □	No □		
Company:	Phone:			
Address:	Supervisor:			
Job title:	From:		To:	
Responsibilities:				
May we contact your previous supervisor for a reference?	Yes □	No □		



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Company:				Phone:		
Address:				Supervisor:		
Job title:				From:		То:
Responsibilities:						
May we contact your previous supe	rvisor for a refe	rence?		Yes □	No □	
Military Service						
Branch:				From:		То:
Rank at discharge:			Тур	e of discharge:		
If other than honorable, explain:						
Human Services						
Are you willing to work with individu	als who may dis	splay challenging b	ehavio	rs?		
Are you able to provide physical ass	sistance to indiv	iduals as needed?				
Are you able to bend, kneel, lift (up	to 50 lbs.), stoo	p, stand and/or si	t for pe	riods of time?		
Required Pre-Employment	Training					
First Aid	Yes □	No □	Expire	s:		_
CPR	Yes □	No □	Expire	s:		
ADA	Yes □	No □	Expire	s:		
Driver's License Number:				State:		Exp

Disclaimer and Conditions of Employment

I certify that the responses entered by me on this employment application are true and complete. I understand that any misleading or incorrect statements may render this application void. I agree the company is not liable in any respect if any employment is terminated because of false statements, answers, or omission made by me in the application.

I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility (Social Security Card or copy of Birth Certificate and current Driver's License/Picture Identification) to work in the United States as a condition of employment. In connection with this application authorize all corporations, companies, credit agencies, education institution,



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licensing agencies person, law enforcement agencies, military services, and former employers to release information that they may have about me to Enabld, LLC. or its agents and release them from any liability form doing so.

I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child or adult nor have I ever been convicted of any of these acts.

I also declare that I have not been convicted of drug charges and am not a user of illegal drugs.

I understand that if employed, I have been hired at the will of my employer and that my employment may be terminated at any time, with or without cause and with or without notice.

Signature: Date:		Date:	re:	Signature: