



Applicant Information

Full Name: _____ Date: _____
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment/Unit #*

 City *State* *ZIP Code*

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Position Desired: Shared Living Provider Direct Support Professional Backup Staff Other, specify _____

Availability: _____

Are you a citizen of the United States? YES NO Are you authorized to work in U.S.? YES NO
Have you ever worked for ABLED, Inc.? YES NO Ever been convicted of a felony? YES NO

Experience

Please give details of any prior experience in this field or related field: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Post-Secondary: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Terms

To ensure ABLED, Inc. has the best possible staff, we will:

1. Check your references;
2. Check your driving record; and
3. Request background checks by Adult Protective Services (APS), Child Protective Services (CPS), SAM.gov, and OIG.hhs.gov.

To comply with Nebraska statutes and regulations, ABLED, Inc. will not allow those applicants charged pending disposition or convicted of the following crimes to provide direct care to participants:

Permanent exclusion, regardless of classification

1. Homicide or manslaughter
2. Child pornography
3. Neglect, physical abuse, or sexual abuse
4. Rape or sexual assault

10. *Controlled substance/drug related crime
11. Involvement in Human Trafficking
12. Robbery, burglary, or any manner of theft
13. Weapons charges(s)

5-year exclusion, regardless of classification

5. Program-related crimes
6. *Patient abuse or neglect-related crimes

5-year exclusion for those providing transportation services

14. Driving Under the Influence: two of any combination of DUI pending charges or convictions

5-year exclusion for felony or 3-year for misdemeanor

7. Crimes against a person including, but not limited to assault, domestic violence, or terroristic threats
8. Destruction of property
9. Fraud

Exclusion while in effect

15. Currently the respondent of a protection order
16. Active warrant

***Two offenses = 10-year exclusion; three or more offenses = Permanent exclusion**

You must provide copies of the following documents before you will be hired:

1. Driver's license;
2. Social security card;
3. A voided check for direct payroll deposit;
4. Vehicle insurance of \$250,000 per person and \$500,00 per occurrence for vehicles used to transport participants; and
5. Homeowners or renters' insurance of \$300,000 liability coverage (SLP only)

You must provide copies of the following certifications before you start working with a participant:

1. CPR/First Aid Certification;
2. Medication Aide Certification, if administering medications; and
3. Mandt Certification, if required by participant's safety plan.

You must scan and email your complete application with the documents listed above to: jennifer.styskal1@gmail.com. Please include copies of any certifications previously obtained.

All positions with ABLED require a minimal degree of computer proficiency for documenting the care given to our clients. Therefore, hardcopy applications will not be considered.



Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. By signing below, I am authorizing ABLED, Inc. to conduct the background checks described above and to contact references listed now and throughout the course of my employment to the extent permitted by law.

If this application leads to employment or an executed SLP Contract, I understand that false or misleading information in my application or interview may result in termination of employment or the SLP Contract.

Signature: _____ Date: _____