



SUBCONTRACTOR APPLICATION

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: _____

Are you a citizen of the United States? YES NO
 If no, are you authorized to work in U.S.? YES NO

Have you ever worked for ABLED, Inc.? YES NO
 If yes, when? _____

Ever been convicted of a felony? YES NO
 If yes, explain _____

Education

High School: _____ Address: _____

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

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

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: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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



Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

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. Request background checks by Adult Protective Services (APS) and Child Protective Services (CPS) to ensure there is no involvement with abuse or neglect.
- 3. Check your driving record.

TO COMPLY WITH NEBRASKA STATUTES AND REGULATIONS, ABLED, Inc. shall not allow those applicants found to be convicted of the following crimes to provide direct care to participants:

- 1. Child pornography;
- 2. Abuse of a child or vulnerable adult;
- 3. Felony domestic assault;
- 4. Misdemeanor domestic assault within the last five (5) years;
- 5. Shoplifting after age 19 and within the last three (3) years;
- 6. Felony fraud within the last ten (10) years;
- 7. Misdemeanor fraud within the last five (5) years;
- 8. Possession of any controlled substance within the last five (5) years;
- 9. Possession of any controlled substance with intent to deliver within the last ten (10) years;
- 10. Felony assault without a weapon in the last ten (10) years;
- 11. Felony or misdemeanor assault with a weapon in the last fifteen (15) years;
- 12. Prostitution or solicitation of prostitution within the last five (5) years;
- 13. Felony or misdemeanor robbery or burglary within the last ten (10) years;
- 14. Rape or sexual assault;
- 15. Homicide.

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

- 1. Copy of your driver's license.
- 2. Copy of your social security card.
- 3. Proof of vehicle insurance for the vehicle you use to transport participants.
- 4. A voided check for direct payroll deposit.
- 5. Proof of CPR/First Aid Certification.
- 6. Proof of Medication Aide Certification if administering medications.

Print, scan and email your complete application to: clittle091@gmail.com

Alternatively, you may mail to: **ABLED, Inc.**
7562 Upton Grey Lane
Lincoln, NE 68516

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 check described above and to contact references listed.

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

Signature: _____ Date: _____