



# 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: 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: \_\_\_\_\_ 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



**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:

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Homicide or manslaughter</li> <li>2. Possession or distribution of child pornography</li> <li>3. Human trafficking, sex trafficking, or labor trafficking</li> <li>4. Neglect, physical abuse, or sexual abuse</li> <li>5. Rape or sexual assault</li> <li>6. Offenses of whatever kind or nature against a child or vulnerable adult</li> <li>7. Convictions for which registration as a sex offender is required</li> </ol> <p><b>1-7 Permanent exclusions, regardless of classification</b></p> <ol style="list-style-type: none"> <li>8. Medicaid fraud, waste, or abuse crimes*</li> <li>9. Abuse, neglect or exploitation related crimes against Medicaid participant*</li> </ol> <p><b>8-9 5-year exclusion from date of conviction, regardless of classification</b></p> <ol style="list-style-type: none"> <li>10. Assault, domestic violence, or terroristic threats</li> <li>11. Fraud</li> </ol> | <ol style="list-style-type: none"> <li>12. Controlled substance/drug use, possession, or distribution related crime*</li> <li>13. Prostitution</li> <li>14. Solicitation of prostitution</li> <li>15. Robbery, burglary, or any manner of theft</li> </ol> <p><b>10-15 Felony: 5-year exclusion from the date of conviction</b><br/><b>Misdemeanor: 3-year exclusion from the date of conviction</b></p> <ol style="list-style-type: none"> <li>16. Driving Under the Influence: two of any combination of DUI charges pending or convictions.<br/><b>3-year exclusion from date of most recent conviction</b><br/><b>5-year exclusion from date of most recent conviction for Transportation and PAS providers providing transportation</b></li> <li>17. Currently the respondent of a protection order<br/><b>Duration of the protection order</b></li> </ol> |
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**\*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. Vehicle insurance for the vehicle you plan use to transport participants; and
4. A voided check for direct payroll deposit.

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](mailto: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 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: \_\_\_\_\_