



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 Day Staff Backup Staff Other If "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) and Child Protective Services (CPS).

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

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Child pornography; 2. Abuse of a child or vulnerable adult; 3. Felony domestic assault; 4. Misdemeanor domestic assault within the last five years; 5. Shoplifting after age 19 and within the last three years; 6. Felony fraud within the last ten years; 7. Misdemeanor fraud within the last five years; 8. Possession of any controlled substance within the last five years; | <ol style="list-style-type: none"> 9. Possession of any controlled substance with intent to deliver within the last ten years; 10. Felony assault without a weapon in the last years; 11. Felony or misdemeanor assault with a weapon in the last 15 years; 12. Prostitution or solicitation of prostitution within the last five years; 13. Felony or misdemeanor robbery or burglary within the last ten years; 14. Rape or sexual assault; or 15. Homicide. |
|--|---|

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: clittle091@gmail.com. Please include copies of any certifications previously obtained. 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 check 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: _____