

Able Home Care, LLC
APPLICATION FOR EMPLOYMENT
 EQUAL EMPLOYMENT OPPORTUNITY



We are an Equal Opportunity Employer. We do not discriminate against qualified applicants based upon any protected group status, including but not limited to race, color, creed, religion, gender, national origin, ancestry, age, marital status, military or veteran status, sexual orientation, physical or mental disability or medical condition as defined by applicable equal opportunity laws.

DISCLAIMERS

The company, in considering your application for employment, may verify the information set forth on this application and obtain additional information related to your background.

We offer reasonable accommodations in the hiring and employment process for individuals with disabilities. If you need assistance to accommodate a disability, you may request an accommodation at any time.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Full-Time Part-Time Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 16 years of age or older? Yes No

How were you referred to the company? _____

AVAILABILITY:

SUN	MON	TUE	WED	THU	FRI	SAT
From:						
To:						

EDUCATION:

Education	School Name & Location (Address, City, State)	Course of Study	Graduate? Y of N	# of Years Completed	Degree/Major
High School					
College					
Graduate School					
Other Training					

RECORD OF EMPLOYMENT:

(List positions starting with most recent)

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Duties: _____

Start Date: _____ Date Left: _____ Reason for leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Duties: _____

Start Date: _____ Date Left: _____ Reason for leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Duties: _____

Start Date: _____ Date Left: _____ Reason for leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Occupation	Contact Information
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that the information contained in this application is true and complete. I attest to the fact that the answers given by me are correct to the best of my knowledge and ability. I certify that I have not knowingly withheld any information that might affect my chances for hiring. I understand that any false information or omission (including any misstatement) on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by the company, can be grounds for my immediate termination.

I authorize the company to check and verify any and all information listed above, including but not limited to my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that this application is not a contract, offer or promise of employment and that if hired, I will be an at-will employee. As such, I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the company has the authority to enter into an employment contract or agreement with me and that my at-will employment can be changed only by a written agreement.

Signature of Applicant: _____ **Date Signed:** _____

Massachusetts

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.