|  |  |  |
| --- | --- | --- |
| **Abilities Unlimited of Jonesboro, Inc**.2725 N. Church St. Jonesboro, AR 72401 **Application For Employment** | We are an Equal Opportunity Employer and is committed to excellence through diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. |
|  |
| **Personal Information** |
| Name (First & Last) |  |  | Date of application |  |
|             |
| Address |  | City | State | Zip |
|       |       |       |       |
| Phone Number | Social Security number | Email Address |  |  |
|       |       |       |
| Are You A U.S. Citizen? |  | Have you ever been employed with us before? |
| Yes [ ]  No [ ]   | No  | Yes [ ]  Date        |  No [ ]  |  |
| Is a hiring Supervisor currently expecting your application? If yes, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have a current Arkansas Driver’s License? Yes [ ]  No [ ]  Do you have transportation? Yes [ ]  No [ ]  Do you have current auto insurance? Yes [ ]  No [ ]  Have you been convicted of a **felony** in the past **10 years**? Yes [ ]  No [ ]  If so, List offense(s):       Have you been convicted of a **misdemeanor** in the past **5 years**? Yes [ ]  No [ ]  If so, List offense(s):       Can you pass adult/ child abuse/maltreatment registry check? Yes [ ]  No [ ] Do you have a HS diploma, GED (preferred, not required)? Yes [ ]  No [ ] Is there anything that will prevent you from passing CPR & First Aid tests? Yes [ ]  No [ ] **Driving Record** In the past 3 years, have you had any of the following violations? DWI / DUI Alcohol or Drugs Yes [ ]  No [ ]  Reckless Driving Yes [ ]  No [ ]  Driving with suspended license Yes [ ]  No [ ]  Hit and Run Yes [ ]  No [ ]  Speeding over 20 mph Yes [ ]  No [ ]  Other major violations Yes [ ]  No [ ]  In the past 4 years, have you had any of the following violations? Speeding Yes [ ]  No [ ]  Improper lane change Yes [ ]  No [ ]  Careless driving Yes [ ]  No [ ]  At-fault accidents Yes [ ]  No [ ]  Other violations Yes [ ]  No [ ]   |
|  |  |  |  |  |
| Do you have experience working with individuals with disabilities?        |
|  |  |
| **Position** |
| Position You Are Applying For | Available Start Date |  | Desired Pay |
|       |       |       |
| Employment Desired |  |  |  |  |
|  |  | [ ]  Full Time |  | [ ]  Part Time |  | [ ]  Seasonal/Temporary |  |
|  |
| **Shift Availability** |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| From |       |       |       |       |       |       |       |
| To |       |       |       |       |       |       |       |
| Overnight |       |       |       |       |       |       |       |
|  |
| **Education** |
| School Name | Location | Years Attended | Degree Received | Major |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Employment History** |
| **Employer (1)** |  | Job Title |  | Dates Employed |
|       |       |       |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|       |       |       |
| Address |  | City | State | Zip |
|       |       |       |       |
| Reason for leaving:       |
| **Employer (2)** |  | Job Title |  | Dates Employed |
|       |       |       |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|       |       |       |
| Address |  | City | State | Zip |
|       |       |       |       |
| Reason for leaving:       |
| **Employer (3)** |  | Job Title | Dates Employed |
|       |       |       |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|       |       |       |
| Address |  | City | State | Zip |
|       |       |       |       |
| Reason for leaving:       |
| **Employer (4)** |  | Job Title |  | Dates Employed |
|       |       |       |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|       |       |       |
| Address |  | City | State | Zip |
|       |       |       |       |
| Reason for leaving:       |
|

|  |
| --- |
| **References** |
|  Name | Title | Company | Phone |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 |
| **Describe any specialized training , apprenticeship, skills, and extra curricular activities** |
|       |
| **Additional info:**  |

|  |
| --- |
| **Signature Disclaimer** |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Name (Please Print) |  | Signature |
|       |  |