

Employment Application



Part of the Leg Up Farm Family

Able-Services is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of actual or perceived age, sex, sexual orientation, race, color, creed, religion, familial status, ethnicity, national origin, alienage or citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. Applicants with a disability may be entitled to reasonable accommodation under terms of the American with Disabilities Act and opportunity without imposing undue hardship on Able-Services. Please inform a Company representative if you need assistance completing any forms or to otherwise participate in the application process.

PERSONAL INFORMATION (Please complete all information. Use ink and print clearly, so we can contact you.)

Last Name: _____ First Name: _____ Middle Initial: _____

Current Street Address: _____ City, State, Zip: _____

Telephone: _____ E-Mail: _____

Other Names (so that we may verify your education & employment history): _____

Most of our positions require transporting participants. For this you must be at least 21 years of age with a valid driver's license. Do you meet these requirements? (Your answer will not preclude you from being considered for employment.)

Yes No

Check here if you would rather not be considered for a position that requires driving:

Are you legally authorized to work in the U.S.? Yes No

Federal law requires you to produce, within 3 business days of hire, specific documents establishing your identity and authorization for employment in the U.S.

How were you referred to us?

Website/Social Media Able/LUF Employee Walk In Advertisement Career Fair School Employment Agency

Other, please specify: _____

EMPLOYMENT HISTORY

Beginning with the most recent employment, list the last three employers (including military service) or cover at least a five year period, whichever is longer. Use a separate sheet if necessary. Complete even if you are attaching a resume.

May we contact your current employer at this time for a reference? Yes No

COMPANY NAME: _____ **EMPLOYMENT DATES From** _____ **To** _____

Supervisor's Name: _____ Telephone Number: _____

Your Job Title: _____ Ending Salary or Hourly Wage: _____

What Kind of Work Did You Do: _____ Why Did You Leave? _____

COMPANY NAME: _____ **EMPLOYMENT DATES From** _____ **To** _____

Supervisor's Name: _____ Telephone Number: _____

Your Job Title: _____ Ending Salary or Hourly Wage: _____

What Kind of Work Did You Do: _____ Why Did You Leave? _____

Employment History, continued

COMPANY NAME: _____ EMPLOYMENT DATES From _____ To _____

Supervisor's Name: _____ Telephone Number: _____

Your Job Title: _____ Ending Salary or Hourly Wage: _____

What Kind of Work Did You Do: _____ Why Did You Leave? _____

In the last five years have you ever been discharged, suspended, or asked to resign by an employer? Yes No

Have you ever been convicted of a misdemeanor or felony? (Answering affirmatively will not necessarily preclude you from employment.) If yes, please provide details of conviction. Yes No

EDUCATION

Table with 3 main columns: Name & Location of School, Highest Year Completed, and Graduated?. Rows include High School, College, and Post Grad sections with sub-columns for years and graduation status.

Are you enrolled in school now? Yes No

Check the department(s) in which you are interested in applying:

Direct Support Professional Greenhouse/Horticulture Other

AVAILABILITY

How soon could you start working at Able-Services? _____ Desired work status: Full-Time Part-Time On call/as needed Total hours/week: _____

REFERENCES - List two (2) professional references familiar with your work ability (excluding relatives):

Two columns of reference information: Full Name, Email, Phone, Occupation, and How acquainted & for how long?

SKILLS/EXPERIENCE

Please list any relevant skills/experience/certifications here (i.e. experience working with special needs population, CPR certification, current clearances, med admin certification, Safe Crisis Management certification, etc.):

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment, and I certify that the information given by me is true in all respects.

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result before being permitted to commence work at Able-Services.

I authorize Able-Services and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same information. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

I understand that, in connection with my application for employment, investigations and inquiries may be made, including but not limited to all statements and information contained in this application, my background and qualifications, my past employment, education, criminal convictions and history, motor vehicle reports, etc. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I understand, where permissible under state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work at Able-Services.

I understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.

I understand that no representation, whether oral or written, by any representative or agent of Able-Services, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of Able-Services has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the Executive Director or his/her authorized representative.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of my employment or, if hired, may result in termination regardless of the time lapse before discovery.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature

Date