



ABLE, INC. — Acquiring the *Basics of Living & Employment*

653 19th Street West
Dickinson ND 58601
(701) 456-3000

101 N. Main Street
Bowman ND 58623
(701) 523-5844

1304 2nd Avenue South
Hettinger ND 58639
(701) 567-4640

Mission Statement:

ABLE, Inc. is dedicated to enhancing relationships,
Providing opportunities for growth, and
Encouraging people to reach their personal dreams

We are an equal opportunity employer, dedicated to a policy of nondiscrimination on any basis including race, color, religion, creed, national origin, age, veteran status, marital status, citizenship, disability, or any other characteristics protected under the law.

Name: _____

Mailing Address: _____

Telephone Number: _____ Other: _____

Position Applying For: _____

Minimum acceptable salary: _____ Month Hour Year

If considered for employment, what date can you start? _____

GENERAL INFORMATION:

Do you have a valid drivers license? Yes No

Have you previously made application for employment with ABLE, Inc.? Yes No

If so, when? _____

Were you previously employed by ABLE, Inc.? Yes No If yes, when? _____

Are you related to anyone presently employed or receiving services with ABLE, Inc.? Yes No

Comments: _____

Are you legally eligible for employment in the USA? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

AVAILABILITY INFORMATION:

Are you available to work: Full-time Part-time Backup - As needed by ABLE, Inc.

ABLE, Inc. operates 24-hours per day, 365 days per year. Are you willing to work a nonstandard work

week? Yes No Comments: _____

EDUCATION AND/OR TRAINING:

Circle highest grade completed: High School: 9 10 11 12

If not a high school graduate, do you have a certificate of equivalency? Yes No

College: 1 2 3 4 Graduate School: 1 2 3 4

NAME AND LOCATION	FROM	TO	DEGREE & DATE GRANTED

College, university, vocational, business, nursing, or any other school you have attended:

VOLUNTEER EXPERIENCE:

Describe any pertinent volunteer work experience: _____

EMPLOYMENT HISTORY: (Begin with your present or most recent job)

Name of Business:	Position:
Address (City & State):	From:_____ To:_____
Telephone Number:	Salary:
Name of Immediate Supervisor:	
Your Duties:	
Reason for Leaving:	
May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, reason:	
Name of Business:	Position:
Address (City & State):	From:_____ To:_____
Telephone Number:	Salary:
Name of Immediate Supervisor:	
Your Duties:	
Reason for Leaving:	
May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, reason:	
Name of Business:	Position:
Address (City & State):	From:_____ To:_____
Telephone Number:	Salary:
Name of Immediate Supervisor:	
Your Duties:	
Reason for Leaving:	
May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, reason:	

REFERENCES:

- | | |
|--------------------|--------------------|
| 1. Name:_____ | 2. Name:_____ |
| Address:_____ | Address:_____ |
| Phone Number:_____ | Phone Number:_____ |
| Relationship:_____ | Relationship:_____ |

BACKGROUND INFORMATION: Answering yes will not disqualify you from potential employment.

1. Have you ever been **convicted, plead guilty or plead no contest** to an offense other than a minor traffic violation? (Including, but not limited to, abuse, neglect or exploitation of another person) Yes No
If yes, indicate date for each violation, nature of charge, and sentence received:

2. Has Social Services ever determined you were responsible for **Abuse, Neglect or Exploitation** towards another person? Yes No
If yes, please explain:

****ABLE, Inc. is required to conduct background checks on all employees of ABLE, Inc.**

I certify that the facts contained in this application (and accompanying resume, if any) are true, correct and complete. I understand that any false statement, omission, or misrepresentation on this application or in any interview is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by ABLE, Inc. I further understand the employment application and other employment related documents are not contracts of employment; also, any oral or written statements to the contrary are expressly disavowed. I further understand and agree that if I am hired, my employment will be "at-will" and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either myself or ABLE, Inc. In addition, I hereby consent to the release of information requested by ABLE, Inc. regarding a reference check of my employment.

Signature:_____

Date:_____