

Application for Employment

Please fill out this application completely, and e-mail it to Jennifer Oxley at jennifer@abilitiespecialists.com or fax it to 303-690-3371.

Date of Application _____ Position(s) applied for _____
 Last Name _____ First Name _____ Middle Initial _____
 Street Address _____
 City _____ State _____ Zip _____
 Tel# _____ SSN _____ Birthdate _____

How did you learn about us?

Advertisement

Relative/Friend

Walk-in

Ability Specialists Employee
(name) _____

Other _____

On what date would you be available for work?

Are you available to work:

Full-time

Part-time

Days/Hours available to work

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Can you work evenings?

Yes

No

Are you able to provide proof of employment authorization to accept work in the U.S.?

Yes

No

Have you ever been convicted of a crime? (Please note that answering "Yes" to this question does not automatically bar employment. Factors such as date, seriousness, nature of offense, rehabilitation and position applied for will be considered.)

Yes

No

If you have been convicted of a crime please provide the date and details, including county and state of conviction, except as indicated below.

Note: You should not disclose any conviction which has been judicially sealed, expunged or for which the record has been ordered impounded by the court.

An equal opportunity employer We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, sexual orientation, marital or veteran status, pregnancy, the presence of a non job-related medical condition or disability, or any other legally protected status.

	High School	Undergraduate College/University	Graduate/Professional
School name and location			
Years completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/degree			
Describe course of study			
Describe any specialized training, apprenticeship, skills, and extracurricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			

List professional, trade, business or civic activities and offices held.

Professional References

Please list 3 references to whom you are not related. One of these references must be a supervisor to whom you have directly reported.

Name:	Name:	Name:
Title:	Title:	Title:
Company:	Company:	Company:
Relationship to you:	Relationship to you:	Relationship to you:
Address:	Address:	Address:
Telephone:	Telephone:	Telephone:
From: To:	From: To:	From: To:

Employment Experience

Start with your present or last job.

Employer _____
Address _____
Tel # _____ May we contact your present employer? Yes No
Dates Employed From _____ To _____
Hourly rate/salary Starting _____ Final _____
Job Title _____
Supervisor Name _____ Title _____
Reason for leaving _____
List the positions you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Employer _____
Address _____
Tel # _____ May we contact your present employer? Yes No
Dates Employed From _____ To _____
Hourly rate/salary Starting _____ Final _____
Job Title _____
Supervisor Name _____ Title _____
Reason for leaving _____
List the positions you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Employer _____
Address _____
Tel # _____ May we contact your present employer? Yes No
Dates Employed From _____ To _____
Hourly rate/salary Starting _____ Final _____
Job Title _____
Supervisor Name _____ Title _____
Reason for leaving _____
List the positions you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Do you have a Colorado Driver's License? Yes No
As required by our company a Motor Vehicle Record must be submitted to us upon Hire Date.
Do you have a car? Yes No
Do you have Auto Insurance? Yes No
If yes, with what insurance company? _____
Proof of Insurance must be submitted to us upon Hire Date.
Have you had any accidents during the past three years? Yes No
How many? _____
Have you had any moving violations during the past three years? Yes No
How many? _____

Are you CPR certified? Yes No If yes, please list expiration date: _____
Are you First Aid certified? Yes No If yes, please list expiration date: _____
Are you or have you had any of the following trainings listed below:
(Please check the items that are applicable to you and list the year you last had the training in.)
 Abuse & Neglect Year _____
 Universal Precautions Year _____
 Defensive Driving Year _____
 Confidentiality/Rights Year _____
Have you ever had contact or worked with a person with a Developmental Disability? Yes No
If yes, please explain: _____

Authorization: please read and sign below

"I certify that the facts contained in the application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

This waiver does not permit the release of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In the event of employment, I understand that false or misleading information given or omissions of information in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of Ability Specialists."

Signature of Applicant

Date