



APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER/ ALCOHOL & DRUG FREE WORK PLACE)

"We do not discriminate on the basis of race, color, religion, national origin, sex age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors."

PERSONAL INFORMATION

DATE: _____

NAME:	LAST	FIRST	MIDDLE
Social Security Number (Last Four Digits Only):	000-00-		ARE YOU 18 YRS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS:	STREET	CITY	STATE ZIP
PHONE NUMBER HOME	()	CELL	() EMAIL:
	(Area Code)		(Area Code)

(CELL & EMAIL OPTIONAL)

SPECIAL QUESTIONS:

THIS INFORMATION IS REQUIRED FOR BONA FIDE OCCUPATIONAL QUALIFICATIONS, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGAL PERMISSIBLE REASONS.

Do you have a valid driver's license? Yes No **Drivers License Number:** _____-_____-_____

ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED: \$
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

Education	Name & Location	# of years Attended	Diploma/ Degree	Major/Minor
High School				
College				
Graduate School				
Trade, Business or Correspondence School				

*The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40yrs of age.

GENERAL

Subjects of Special Study, Research or Trainings: _____
(Please list)

U.S. Military or Naval Services	Rank	Present Membership in National Guard or Reserves
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(Continued on the back)

people that make a difference
 P.O. Box 808, 1237 Concord Rd., Crawfordsville, Indiana 47933 765-362-4020 Fax 765-364-1100
 950 McKinley Ave., Frankfort, Indiana 46041 765-659-4631 Fax 765-659-4600
 615 North 18th Street, Suite 103, Lafayette, Indiana 47905 765-446-9201 Fax 765-448-9682
 www.asipages.org abilities@asipages.com

Approved 7/5/07

FORMER EMPLOYERS (List below last three employers, starting with last one first)

Month/Day/Year	Name, Address & Phone of Employer	Salary	Position	Reason for Leaving
From: / / To: / /				
From: / / To: / /				
From: / / To: / /				

REFERENCES: Give the name of two professional and one individual not related to you whom you have known at least 1yr

Name	Address & Phone	Business	Years Acquainted

IN CASE OF EMERGENCY NOTIFY:

Name	Address	Phone Number

LIMITED CRIMINAL HISTORY/STATE NURSES AID REGISTRY

In accordance w/ State regulatory boards Abilities Services, Inc. shall obtain a limited criminal history for each employee, officer, or agent involved in the management, administration, or provision of services.

The limited criminal history shall verify that the employee, officer, or agent has not been convicted of the following:

- (1) *A sex crime.*
- (2) *Exploitation of an endangered adult.*
- (3) *Failure to report:*
 - a. *battery, neglect, or exploitation of an endangered adult; or*
 - b. *abuse or neglect of a child.*
- (4) *Theft, if the person's conviction for theft occurred less than ten (10) years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5).*
- (5) *Murder*
- (6) *Voluntary manslaughter*
- (7) *Involuntary manslaughter*
- (8) *Felony battery*
- (9) *A felony offense relating to a controlled substance.*

A provider shall have a report from the state nurse aid registry of the Indiana state department of health verifying that each employee or agent involved in the management, administration, and provision of services has not had a finding entered into the state nurse aide registry (Division of Disability, Aging, and Rehabilitative Services, 460 IAC 6-10-5, filed Nov 4, 2002, 12:04 p.m.: 26 IR 768)

**** You will not be denied employment solely because of a conviction record, unless the offense is one of those above.**

Have you ever pleaded guilty or been convicted of an offense described in this section? Yes No

Describe: _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice."

DATE:

SIGNATURE: