



How did you hear about the position for which you are applying? _____

As part of the application process, Able may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK-		Today's Date
First Name	MI	Last Name
Current Mailing Address		Last 4 Digits of SSN#
City		County
Daytime Telephone () ()		State
E-mail Address		ZIP Code
Position for which you are applying	Date available for work	What is your minimum salary requirement?
Check the following options you would consider Full-Time___ Part-Time___ Temporary ___	If part-time, specify hours and days available	
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Able to which you have applied (e.g., non-compete, confidentiality, non-disclosure)? _____ Yes ___No If Yes, explain and provide a copy of such agreement.		

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School				__Yes __No
GED				__Yes __No
Colleges *				__Yes __No
Graduate School				__Yes __No
Trade School				__Yes __No
* Only list colleges or universities accredited by the Department of Education (DOE). The DOE maintains a database of accredited institutions at http://llooe.ed.Qov/accreditation . It is your responsibility to verify accreditation.				
List course work undertaken or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or Certificates and licenses that you possess related to the job.				
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
List any machines, equipment or software programs on which you are qualified and experienced in operating.				
List any languages that you speak fluently		List any languages that you read/write fluently		
If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state.				__Yes __No

GENERAL INFORMATION

APPLICANT NAME _____

Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 16 years old or over? Age <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 or over <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by Able? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give dates: From: (month/year) _____ To: (month/year) _____
Can you perform the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any relatives working for Able: _____

EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job. Use next page of application if necessary)

Name of Employer	Type of Business
Address City	State ZIP Code
Title	Telephone Number ()
Name and Title of Supervisor	Type of Employment Part-Time _____ Full-Time _____
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed From (month/year) _____ Employed To (month/year) _____	Last Salary \$
Brief Description of Duties	Reason for Leaving
Name of Employer	Type of Business
Address City	State ZIP Code
Title	Telephone Number ()
Name and Title of Supervisor	Type of Employment Part-Time _____ Full-Time _____
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed From (month/year) _____ Employed To (month/year) _____	Last Salary \$
Brief Description of Duties	Reason for Leaving
Name of Employer	Type of Business
Address City	State ZIP Code
Title	Telephone Number ()
Name and Title of Supervisor	Type of Employment Part-Time _____ Full-Time _____
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed From (month/year) _____ Employed To (month/year) _____	Last Salary \$
Brief Description of Duties	Reason for Leaving
Name of Employer	Type of Business
Address City	State ZIP Code
Title	Telephone Number ()
Name and Title of Supervisor	Type of Employment Part-Time _____ Full-Time _____
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed From (month/year) _____ Employed To (month/year) _____	Last Salary \$
Brief Description of Duties	Reason for Leaving

ADDITIONAL INFORMATION

APPLICANT NAME

Name of Employer	Type of Business
Address City	State ZIP Code
Title	Telephone Number ()
Name and Title of Supervisor	Type of Employment Part-Time _____ Full-Time _____
May We Contact? __Yes __No Employed From (month/year) Employed To (month/year)	Last Salary \$
Brief Description of Duties	Reason for Leaving
Name of Employer	Type of Business
Address City	State ZIP Code
Title	Telephone Number ()
Name and Title of Supervisor	Type of Employment Part-Time _____ Full-Time _____
May We Contact? __Yes __No Employed From (month/year) Employed To (month/year)	Last Salary \$
Brief Description of Duties	Reason for Leaving

CRIMINAL RECORD INFORMATION (Instructions for answering the next two questions below):

- A. All Applicants. Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.
- B. District of Columbia, Illinois, and Rhode Island Applicants. Do not respond to the second question (regarding pending charges).
- C. California Applicants. Do not include: a misdemeanor conviction for possession or transportation of a small amount of marijuana (28.5 grams or less) if the conviction is more than two (2) years old; participation in any pretrial or post trial diversion program for drug or alcohol rehabilitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
- D. Colorado Applicants. Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.
- E. Connecticut Applicants. You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are: records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs; an adjudication as a youthful offender; a criminal charge that has been dismissed or nulled (not prosecuted); a criminal charge for which the person was found not guilty; or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
- F. Hawaii Applicants. Do not answer the following two questions.
- G. Massachusetts Applicants. Regarding convictions, exclude misdemeanor convictions more than five (5) years old and exclude a first offense for drunkenness, simple assault, speeding, minor traffic violation, affray, or disturbing the peace. Do not respond to the second question (regarding pending charges).

NOTE: An applicant with a sealed record on file with the Massachusetts commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant may answer "no record" to an inquiry herein relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

- H. Michigan Applicants. Regarding pending charges, limit your response to felony offenses.
- I. Utah Applicants. Regarding convictions, limit your response to felony convictions. Do not respond to the second question (regarding pending charges)

1. Convictions/Pleas. In the past ten (10) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above?	__Yes __ No
2. Pending Charges. Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?	__Yes __ No
<p>CRIMINAL RECORDS: If you answered Yes to either of the above two questions, please provide the dates and describe that criminal record so the individual circumstances can be considered. <i>Criminal convictions or arrests will not automatically disqualify an applicant from employment.</i></p>	

Sign and Date the Form

Applicant's Signature _____	Print Full Name _____
_____	Date Signed _____