



1951 1st Street West
Dickinson ND 58601
(701) 456-3000
Fax: (701) 456-3004

101 North Main
Bowman ND 58623
(701) 523-5844
Fax: (701) 523-5216

1304 2nd Avenue South
Hettinger ND 58639
(701) 567-4640
Fax: (701) 567-4734

*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.

All applicants need to be proficient in the English language. (Read, write, speak and comprehend)

Name: _____

Mailing Address: _____

City: _____

State/Zip code: _____

Telephone Number: _____

Email: _____

Position Applying for: _____

Are you interested in: Full-time Part-time Backup (as needed)

Minimum acceptable salary: _____ Per hour

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

GENERAL INFORMATION

Do you have a valid drivers license? Yes No Do you have valid vehicle insurance? Yes No

Have you previously applied 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 United States of America? Yes No

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

AVAILABILITY INFORMATON:

ABLE, Inc. provides supports 24 hours per day/365 days per year. Many staff work a variety of shifts within a week.

Please check which shifts you are available to work:

6 am to 1 pm	Yes <input type="checkbox"/> No <input type="checkbox"/>	6 am to 3 pm	Yes <input type="checkbox"/> No <input type="checkbox"/>	6 am to 8:30 am	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 am to 7 pm	Yes <input type="checkbox"/> No <input type="checkbox"/>	9 pm to 8 am (overnight)	Yes <input type="checkbox"/> No <input type="checkbox"/>	3 pm to 9 pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weekends	Yes <input type="checkbox"/> No <input type="checkbox"/>				

A schedule will be discussed at the interview which best serves the applicant and ABLE, Inc., but most importantly, serves the life of each person supported with intellectual disabilities.

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 <input type="checkbox"/> No <input type="checkbox"/>
College 1 2 3 4	Graduate School 1 2 3 4

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

Name and Location	Degree

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

PERSONAL REFERENCES:

1. Name: _____ Phone Number: _____ Relationship: _____	2. Name: _____ Phone Number: _____ Relationship: _____
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BACKGROUND INFORMATION: Answering yes may 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: _____