



**ABILIS HEADQUARTERS**

50 Glenville St.  
Greenwich, CT 06831  
**(203) 531-1880**  
**(203) 531- 9367 Fax**

**ABILIS YOUTH DIVISION**

1150 Summer Street  
Stamford, CT 06905  
**(203) 324-1880**  
**(203) 324-4390**

[www.abilis.us](http://www.abilis.us)

**APPLICATION FOR EMPLOYMENT**

WELCOME! We appreciate your interest in working at Abilis. We firmly believe in the dignity of all people and have a commitment to a policy of equal employment opportunity without regard to race, creed, color, physical disability, physical appearance, mental disability, political affiliation, religion, age, sex, national origin or sexual orientation.

**Please complete all parts of this application.**

**Date Received at Abilis** \_\_\_\_\_

NAME (Last)	(First)	(Middle)
PRESENT ADDRESS (No., Street, City, State, Zip Code)		
TELEPHONE NUMBER (s)		
HOME # ( )	Cell # ( )	
Email Address		

POSITION DESIRED FT: _____ PT: _____	REFERRAL SOURCE
SALARY DESIRED	DATE AVAILABLE TO BEGIN WORK

If you are hired by Abilis the Immigration Reform and Control Act of 1986 requires you to attest to your identity and employment eligibility and to present to us for our examination certain documents evidencing your identity and employment eligibility (INS Form I-9, "Employment Eligibility Verification"). You cannot be employed at Abilis if you cannot comply with these requirements. We will notify you when to present such documents.

A valid driver's license may be required for employment with Abilis. DMV background checks will be conducted to insure those hired are eligible to be covered under Abilis' motor vehicle insurance policy. An inability to be an insured driver under Abilis' vehicle insurance can result in not being hired or termination of employment with Abilis.

*Able Lives  
Strong Communities*

**PERSONAL INFORMATION**

Have you ever worked for Abilis before?     Yes     No

Give dates of employment \_\_\_\_\_

Do you have or has a relative been employed by Abilis?     Yes     No

Have you ever been a perpetrator in a substantiated Protection & Advocacy investigation?

Yes     No

Have you ever been convicted of a crime? (Do not include traffic violations or convictions sealed or annulled by a court.)

Yes     No

A conviction record may not necessarily preclude employment. Factors such as the nature of the offense, the time that has passed since conviction and/or completion of sentence and the position sought may be considered.

**EMPLOYMENT HISTORY** (Begin with your most recent position)

Employer	Dates		Duties Performed
	From	To	
Address			
City			
State	Present Salary		
Zip			
Telephone No.			
Type of Business			
Your Title			
Supervisor			
Reason for Leaving			

Employer	Dates		Duties Performed
Address	From	To	
City			
State	Present Salary		
Zip			
Telephone No.			
Type of Business			
Your Title			
Supervisor			
Reason for Leaving			

Employer	Dates		Duties Performed
Address	From	To	
City			
State	Present Salary		
Zip			
Telephone No.			
Type of Business			
Your Title			
Supervisor			
Reason for Leaving			

Have you ever been discharged from any employment?    Yes    No

**EDUCATION**

NAME OF SCHOOL	CITY/STATE	GRADUATED	DEGREE	MAJOR
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
COLLEGE(S)		<input type="checkbox"/> Yes <input type="checkbox"/> No		

GRADUATE SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Are you still attending school? If yes, describe.

Do you have a valid driver's license?  Yes  No

Do you have 3 years of driving experience in the United States?  Yes  No

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Have you had any convictions related to moving motor vehicle violations and or collisions within the last 2 years?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any convictions, suspensions, revocations or any occurrences involving harm to anyone or to property while driving?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CPR Certified:  Yes  No If yes, expiration date: \_\_\_\_\_

CT Med. Administration Certified:  Yes  No If yes, expiration date \_\_\_\_\_

Hours and days available to work (check all boxes that apply)

SHIFT	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
1ST SHIFT							
2ND SHIFT							
3RD SHIFT							

**PRE-PLACEMENT DRUG & ALCOHOL SCREENING NOTICE:**

I freely and voluntarily agree to submit to a drug screen as part of my application for employment. I understand that either refusal to submit to the screening within 48 hours of being instructed to do so, or failure to qualify according to the minimum standards established by Abilis for this procedure, will disqualify me from further consideration for employment. I also understand that I will be notified of any positive test results.

**AUTHORIZATIONS AND RELEASES:**

I authorize my former employer/s to disclose to Abilis any and all pertinent information regarding my former employment, including wage information and performance evaluation(s) from the beginning of my employment to the present.

I authorize the schools/colleges I attended to disclose to Abilis any and all pertinent information regarding my attendance and training/education, including degrees conferred.

As a part of the application process, I understand that Abilis will conduct a criminal background check. I will complete the necessary release forms, when presented by Abilis, for this inquiry.

**CONSENT AND ACKNOWLEDGMENTS:**

I certify that all of the information contained in this application is true. Abilis is hereby authorized to investigate all statements. I understand that any false statement, misrepresentation or omission will constitute sufficient cause and reason for either refusal to hire or termination from employment at any time.

I understand, acknowledge and agree that if employed by Abilis, my employment will be at will and without fixed term, and that either me or Abilis may terminate employment at any time with or without prior notice and with or without cause. I also understand that this at will employment may not be changed, altered or amended, except in writing and signed by a duly authorized official of Abilis.

I have read in full and understand the above statements and conditions of employment.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Strong Communities*

**REFERENCE INQUIRY**

G/A 47

**The Applicant completes and signs this section.**

Applicant Name: \_\_\_\_\_

Reference Name & Job Title: \_\_\_\_\_

The reference provided above is:  an employer  my supervisor  a coworker  a friend

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary History: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**I authorize the reference noted above to verify the information that I have presented and to provide information requested on this form.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR Abilis USE:**

Call the reference above. Is the information above accurate?  yes  no Explain:

1. Please describe the type of work for which the individual was responsible:

2. How would you describe the applicant's relationship with coworkers, subordinates, and supervisors?

3. Did the applicant have a positive or negative work attitude? Please explain:
  
4. How would you describe the quantity and quality of output generated by this applicant?
  
5. What were his/her strengths on the job?
  
6. What were his/her weaknesses on the job?
  
7. What is your overall assessment of this applicant?
  
8. Would you recommend him/her for this position? Why or why not?
  
9. Would this individual be eligible for rehire? Why or why not?
  
10. Other comments:

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_