

Dear Applicant,

Thank you for your interest in employment opportunities with EnAble, Inc. Enclosed is the application packet you requested. Please take the time to read everything in this packet. Please make sure to get your GCIC report done at your local police department and save the receipt. We will only reimburse the cost of GCIC reports for those applicants that are offered employment.

Once you have completed the entire application, please make a copy and mail, bring, or fax it back to us – DO NOT SEND ORIGINALS.

Thank you!

**EnAble, Inc.
Attn: Human Resources
1200 Old Ellis Rd.
Roswell, GA 30076**

**(770) 740-0650 – Fax
(770) 664-4347 – Phone**

ENABLE, INC. DOES NOT GRANT WALK-IN INTERVIEWS!

EnAble, Inc.

**is an Equal Opportunity Employer &
Drug Free Work Place**

1200 Old Ellis Road, Roswell, GA 30076

**JOB
APPLICATION**

YOU MUST FILL OUT ALL AREAS OF THE APPLICATION COMPLETELY

Position and/or Shift Desired: _____

Date: _____	Social Security Number: _____
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Name: _____ **Telephone:** _____
 Last **First** **Initial**

Address: _____
 Street

City **State** **Zip**

EDUCATION HISTORY

<u>INSTITUTION</u>	<u>NAME & LOCATION</u>	<u>GRADE COMPLETED: DIPLOMA/DEGREE</u>
HIGH SCHOOL		
UNIVERSITY/COLLEGE		
CERTIFICATION (S)		

EMPLOYMENT HISTORY

(YOU MUST LIST PAST 5 YEARS OF JOB HISTORY, STARTING WITH MOST RECENT EMPLOYER. IF MORE ROOM IS NEEDED, PLEASE LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO APPLICATION.)

Employer _____ _____ Address _____ _____ _____ Phone _____ Supervisor _____	Your Job Title _____ Duties _____ _____ _____ Reason for Leaving _____ Starting Salary _____ Ending Salary _____ Employed from _____ to _____
Employer _____ _____ Address _____ _____ _____ Phone _____ Supervisor _____	Your Job Title _____ Duties _____ _____ _____ Reason for Leaving _____ Starting Salary _____ Ending Salary _____ Employed from _____ to _____

GENERAL INFORMATION

Please Circle Yes or No

If hired, can you provide proof you are 21 years of age? YES NO

Would you be able to meet the job requirements for working weekends/sleeping overnight? YES NO

If hired, would you be able to attend day/evening and/or weekend training classes? YES NO

If hired, can you provide proof of your legal right to work in the U.S.? YES NO

Have you ever worked for EnAble (Resources & Residential Alternatives, Inc.) before? YES NO
If yes, give date _____

Have you ever been convicted of a felony? YES NO
(If yes, please explain in space provided the date, location & nature of conviction)

Can you perform the essential functions of the job (with or without reasonable accommodations)? YES NO

Do you have a valid Georgia Drivers License? YES NO

Would you prefer Part-time or Full-time employment? _____

What date are you available to start? _____

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand that proof of age may be required upon employment. I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee. While employed by this company, I agree not to engage in any other business or employment without the consent of this company.

If employment results from this application, I understand that additional personal data, a physical examination, PPD test, drug test, & motor vehicle report will be required.

As part of the application process, I understand that I must obtain a criminal records check, done at my own expense. For this type of employment, state law requires a criminal records check as a condition of employment.

I authorize all previous employers to furnish this company with any information they may have regarding my employment and my reason for leaving, and I release any prior employers and this company from all liability for and damage resulting from the information provided.

I fully understand that if I am not bondable by a surely company, this company may be unable to offer employment.

EnAble is a drug-free workplace. This program is certified by the Georgia Workers' Compensation Board in accordance with Title 34, Chapter 9, Article 11 of the Official Code of Georgia Annotated.

At Will Employment Clause/Disclaimer:

Neither the application, nor any subsequent employment resulting from it, creates an employment contract for any specific period of time.

Signature: _____

Date: _____

Name and number of person completing this form if other than applicant:

Applicant: _____

Date: _____

Please complete the questions below to the best of your ability. The answers to these questions will help us in the hiring process.

What skills/qualifications do you possess that you feel qualify you for this position?

If you have worked with individuals with developmental disabilities in the past, give two examples of how you supported individual choices and independence for the clients you worked with.

What would your current or previous supervisor tell us regarding your work ethic?

Give one example of how you and another co-worker resolved a work related conflict.

Name three things that make a job enjoyable to you.

What are your future goals relating to employment?

Give a brief example of what “Client Rights” means to you.

PROFESSIONAL/EMPLOYMENT REFERENCE CHECK INFORMATION

(APPLICANT: PLEASE FILL OUT TOP PORTION ONLY)

Applicant _____ **Name of Reference** _____

Nature of Reference (i.e. past/present Supervisor) _____

Reference Telephone Number _____

Dates of Employment **Starting** _____ **Ending** _____

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Applicant Signature _____ **Date** _____

FOR INTERNAL USE ONLY

Are dates of employment correct? _____ YES _____ NO Correct dates: from _____ to _____

Is he or she eligible for rehire? _____ YES _____ NO

What was the nature of the job when he/she started? / When he or she left?

Please rate each item (circle choice):

Quality of work	Excellent	Good	Fair	Poor
Quantity of work	Excellent	Good	Fair	Poor
Initiative	Excellent	Good	Fair	Poor
Cooperation	Excellent	Good	Fair	Poor
Attendance	Excellent	Good	Fair	Poor

Are there any additional comments that you could make to help us make a decision?

Reference checked by _____ Date _____

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Essential Elements – Job Functions Assessment

<u>PHYSICAL REQUIREMENTS</u>	<u>WORK ENVIRONMENT</u>	<u>MENTAL REQUIREMENTS</u>	<u>EQUIPMENT</u>
Vision	Works Alone	Reading	Fire Extinguisher
Hearing/Listening	Works w/others	Writing	Telephone
Clear Speech	Verbal Contact	Clerical	Calculator
Walking	w/others	Flexibility	Fire Alarm
Lifting	Face to Face	Memorization	Wheelchair Lift
Pushing	Contact	Analyzing	Monitor
Pulling	Shift Work	Perception	Television/VCR
Climbing Stairs	Extended	Math Skills	Kitchen Appliances
Carrying	Day/Weekend	Judgment	Vacuum Cleaner
Kneeling	Inside	Decision Making	Steam Cleaner
Stooping	Outside/Community	Initiative	Pager
Bending	Confined Areas	<u>STRESS FACTORS</u>	Security System
Bathing	Temperature	Repetition	Pallet Jack
Toileting	Changes	Fatigue	Augmentative
Sitting	Noise	Boredom/Isolation	Communication
Standing	Dirt/Dust	Behaviorally Challenged	Devices
Laundry	Fumes/Odors	Individuals	<u>OTHER</u>
Driving	Mechanical	Clients with Inappropriate	First Aid Certification
*Car/Truck	Equipment	Sexual Behaviors	CPR Certification
*Van	Electrical	Burnout	Agency Training
*Wheelchair Van	Equipment	High Pressure	Certification
Cleaning	Pressurized		Valid GA Drivers
Lifting/Transferring	Equipment		License
Wheelchair Bound Individuals	Burning Materials		Medical Equipment
Cooking	Moving Objects		Knowledge of EnAble
Feeding			P & P's
Oral/Hygiene Care			Team Player
			Community Awareness
			Monitors Health &
			Safety of Clients
			Supervision of Clients
			Administration of Meds
			and Documents
			Basic Maintenance

AT WILL EMPLOYMENT CLAUSE DISCLAIMER:

Neither the application, nor any subsequent employment resulting from it, creates an employment contract for any specific period of time.