

**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. If selected by Human Resources for phone interview/screening, 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 along with your resume – 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:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
Last First Initial E-Mail: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

**EDUCATION HISTORY**

<u>INSTITUTION</u>	<u>NAME &amp; 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.)

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

<b>Employer</b> _____ _____ <b>Address</b> _____ _____ _____ <b>Phone</b> _____ <b>Supervisor</b> _____	<b>Your Job Title</b> _____ <b>Duties</b> _____ _____ <b>Reason for Leaving</b> _____ <b>Starting Salary</b> _____ <b>Ending Salary</b> _____ <b>Employed from</b> _____ <b>to</b> _____
<b>Employer</b> _____ _____ <b>Address</b> _____ _____ _____ <b>Phone</b> _____ <b>Supervisor</b> _____	<b>Your Job Title</b> _____ <b>Duties</b> _____ _____ <b>Reason for Leaving</b> _____ <b>Starting Salary</b> _____ <b>Ending Salary</b> _____ <b>Employed from</b> _____ <b>to</b> _____
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**IF THERE WAS ANY PERIOD OF TIME IN THE LAST FIVE YEARS THAT YOU WERE NOT WORKING, PLEASE GIVE AN EXPLANATION BELOW INCLUDING DATES, REASON, AND NAME OF ANY RELEVANT INSTITUTION:**

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**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? \_\_\_\_\_

**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?**

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**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.**

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

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

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**Name three things that make a job enjoyable to you.**

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**What are your future goals relating to employment?**

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**Give a brief example of what "Rights for individuals with disabilities" means to you.**

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**I understand that if I am offered a position with EnAble of Georgia, Inc., that is contingent upon the requirement that I hold a valid Georgia driver's license that is free of the following motor vehicle violations as deemed uninsurable by the agency's insurance carrier and/or unacceptable by agency policy.**

- Suspended, revoked, or expired driver's license.
- Two (2) or more moving violations\* in past 12 months.
- One (1) or more chargeable accidents\* within 12 months. Chargeable means that the driver is determined to be the primary cause of the accident through speeding, inattention, etc. Contributing factors, such as weather or mechanical problems, will be taken into consideration.
- Any combination of accidents and/or moving violations.
- One (1) Driving while Under the Influence (DUI or DWI) of alcohol or illegal drugs within the past 5 years.
- Any motor vehicle accident/arrest/conviction resulting from the possession or use of alcohol or illegal drugs within the past 5 years.
- An at fault fatal accident.
- Leaving the scene of an accident.
- One (1) reckless driving within the past 12 months.

*\*Violations include any ticket, charge, or other law enforcement proceeding relating to these, as well as independent evidence of violations.*

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Print Name

Signature

Date

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

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 surety 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:

\_\_\_\_\_

**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 \_\_\_\_\_

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 my prior employers and this company from all liability for and damage resulting from the information provided.

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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\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Reference checked by \_\_\_\_\_ Date \_\_\_\_\_

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Reference checked by \_\_\_\_\_ Date \_\_\_\_\_