

## APPLICANT CHECK LIST

Thank you for your interest in applying for a position with enAble of Georgia, Inc. (enAble). Attached is the application packet you must complete in full. Please read everything in this packet before filling it out completely. When you complete the packet, make a copy for your records, then mail or deliver in person the original packet. You may also fax or e-mail a copy of the completed packet to enAble. **enAble requires that all applicants hold a valid Georgia driver's license. If you do not have one, please do not submit an application until you do.**

Please use this check list to ensure that all required information and documents are properly completed and attached before submitting your application. **enAble cannot consider any application that is not 100% completed.**

**Check each item below as you complete it and attach this list to your application.**

\_\_\_ **Résumé is required;** attach to application.

\_\_\_ **enAble Employment Application**

- Please complete every section and **do not leave blanks.**
- Print or write legibly.
- Required: **5 continuous years of work history with explanations of any breaks in employment dates.**
- Required: **3 business/professional references** (current or former employers, direct supervisors) **Please do not use references from friends, co-workers, or clergy.** Provide complete contact information for each reference.

\_\_\_ **General Information**

- Answer all questions and provide explanations where applicable.

\_\_\_ **Questionnaire**

- Answer all questions in detail.

\_\_\_ **Professional/ Employment Reference Check Information**

- **3 professional/employment references** are required. Complete top portion and print legibly. References **must be** current or past employers and/or direct supervisors.

\_\_\_ **Essential Elements – Job Functions Assessment**

- Review to ensure you are physically and mentally capable of meeting the essential requirements of the position for which you are applying.

\_\_\_ **At Will Employment Clause Disclaimer (Read carefully)**

- You agree to obtain a criminal background check, provide personal data, be fingerprinted, have a physical, TB test, drug test, and motor vehicle report (MVR) completed as conditions of your employment if you are offered a position. Please sign and date the form.

\_\_\_ **Pre-Employment Motor Vehicle Record (MVR) Criteria Requirement**

- Print name, sign, and date. MVR verification will be made if you are offered a position.

\_\_\_ **Training Requirement**

- Print name, sign and date. **On-time attendance is mandatory for all training.**

Submit the completed original application to enAble of Georgia, Inc., Human Resources, 1200 Old Ellis Rd., Roswell, GA 30076, Fax a copy to 770-740-0650, Attn: Sheila Singley or e-mail to [ssingley@enablega.org](mailto:ssingley@enablega.org).

***Due to the high volume of applicants, enAble does not accept phone calls regarding the status of applications. enAble will contact you only in the event you have been selected for an interview. If selected for an interview, you will be asked to obtain a Georgia Crime Information Center (GCIC) report from your local police department.***

**enAble of Georgia, Inc.**  
 is an Equal Opportunity Employer  
 & Drug Free Work Place

**EMPLOYMENT  
APPLICATION**

*YOU MUST COMPLETE ALL SECTIONS OF THE APPLICATION – PRINT LEGIBLY*

**Position Applied for:** Residential: \_\_\_\_\_ Day Services: \_\_\_\_\_ Community Living Supports: \_\_\_\_\_  
 In Home Services: \_\_\_\_\_ Administrative: \_\_\_\_\_ Supervisory/Management: \_\_\_\_\_  
 Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

**Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_  
 Last First Initial Email: \_\_\_\_\_

**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 provide your last 5 years of job history starting with the most current employer. If you need more space, list the information on a separate sheet of paper and attach to the 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> _____
<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> _____

**IF THERE WAS ANY PERIOD OF TIME IN THE LAST 5 YEARS THAT YOU WERE NOT WORKING, PLEASE PROVIDE AN EXPLANATION BELOW INCLUDING DATES, REASON, AND NAME OF ANY RELEVANT INSTITUTION:**

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**GENERAL INFORMATION**

Please Circle Response

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

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

If hired, are you 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* of Georgia, Inc. YES      NO  
before? If yes, give dates \_\_\_\_\_  
(formerly Resources & Residential Alternatives, Inc./RRA)

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

Are you able to perform the Essential Functions of the job? YES      NO

Do you have a valid Georgia Drivers License? YES      NO

On what date are you available to start? \_\_\_\_\_

# QUESTIONNAIRE

**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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**PROFESSIONAL/EMPLOYMENT REFERENCE VERIFICATION**

*(APPLICANT: COMPLETE TOP PORTION ONLY – PRINT LEGIBLY – SIGN & DATE)*

Applicant \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Print Full Name)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name of Reference \_\_\_\_\_ Name of Business: \_\_\_\_\_

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

Reference Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Reference Fax \_\_\_\_\_

Dates of Employment: Starting \_\_\_\_\_ Ending \_\_\_\_\_

I authorize all previous employers to furnish enAble of Georgia, Inc. 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

Briefly describe the job responsibilities he/she performed.

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

Please rate each item (circle choice):

Quality 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 would like to make to help our hiring decision?

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

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

**PROFESSIONAL/EMPLOYMENT REFERENCE VERIFICATION**

*(APPLICANT: COMPLETE TOP PORTION ONLY – PRINT LEGIBLY – SIGN & DATE)*

Applicant \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Print Full Name)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name of Reference \_\_\_\_\_ Name of Business: \_\_\_\_\_

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Is he or she eligible for rehire? \_\_\_\_\_ YES \_\_\_\_\_ NO

Briefly describe the job responsibilities he/she performed.

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

Please rate each item (circle choice):

Quality 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 would like to make to help our hiring decision?

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

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

**PROFESSIONAL/EMPLOYMENT REFERENCE VERIFICATION**

*(APPLICANT: COMPLETE TOP PORTION ONLY – PRINT LEGIBLY – SIGN & DATE)*

Applicant \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Print Full Name)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name of Reference \_\_\_\_\_ Name of Business: \_\_\_\_\_

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

Reference Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Reference Fax \_\_\_\_\_

Dates of Employment: Starting \_\_\_\_\_ Ending \_\_\_\_\_

I authorize all previous employers to furnish enAble of Georgia, Inc. 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

Briefly describe the job responsibilities he/she performed.

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

Please rate each item (circle choice):

Quality 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 would like to make to help our hiring decision?

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

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

## ESSENTIAL ELEMENTS – JOB FUNCTIONS ASSESSMENT

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

I have read the Essential Elements – Job Functions Assessment and I am able to meet these essential requirements.

OR

I would like to discuss accommodations.  
 \*Requests will be considered on a case-by-case basis.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 knowledge and consent of this company.

If employment results from this application, I understand that additional personal data, a physical examination, PPD test, drug test and 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. Further, I understand that if offered a position I will be required to complete an FBI Criminal Record check and that I have the right to challenge the contents of their criminal history record information should I choose to do so.

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 of Georgia, Inc. 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.

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

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

## PRE-EMPLOYMENT MVR CRITERIA

**I understand that I have been offered a position with enAble of Georgia, Inc. (enAble), 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) **D**riving while **U**nder the **I**nfluence (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

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Signature

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Date

## **TRAINING REQUIREMENT**

**I understand that if I am offered and accept a position with enAble of Georgia, Inc. (enAble), that my employment is contingent upon the requirement that I attend all required trainings. New Hire Orientation is typically held Monday to Friday between the hours of 10:00 AM and 7:00 PM. In addition to the New Hire Orientation, there are additional site-specific trainings that are required that are typically held between 9:00 AM and 5:00 PM Monday to Friday (such as Driver Training, Diabetes Training, First Aid/CPR Training, etc.).**

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Print Name

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Signature

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Date