



“Enrichment through respect, empowerment and the pursuit of dreams”

## TELL US ABOUT YOURSELF

Please fill in all the requested information

### Personal Information

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Permanent Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Date Available: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Wages Desired: \$ \_\_\_\_\_

Please Check the shifts you are available to work (hours may vary)

Availability:	MON	TUES	WED	THURS	FRI	SAT	SUN
<b>MORNING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AFTERNOON</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EVENING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERNIGHT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you 18 years or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Enable, Inc. before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, where?
Reason for leaving:	Name of Supervisor:
Have you ever applied at Enable, Inc. before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been convicted of a felony within the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please explain (will not exclude you from consideration): _____	
Who referred you to Enable, Inc.? _____	

**Education**

High School:			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Subjects of special study or research work:					
Special training:					

**References***Please list three professional references.*

Full Name:			Relationship:		
Company:			Phone:	( )	
Address:					

Full Name:			Relationship:		
Company:			Phone:	( )	
Address:					

Full Name:			Relationship:		
Company:			Phone:	( )	
Address:					

**Previous Employment**

Company:			Phone:	( )	
Address:			Supervisor:		

Job Title:	Starting Salary: \$	Ending Salary: \$
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Responsibilities:

From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:			Phone:	( )	
Address:			Supervisor:		

Job Title:	Starting Salary: \$	Ending Salary: \$
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Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company:		Phone: (    )
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

**Military Service**

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

**Authorization**

*"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application should be grounds for dismissal."*

*"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the company from liability for any damages that may result from utilization of such information."*

*"I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with prior notice."*

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