



## **INSTRUCTIONS FOR COMPLETING APPLICATION AND LETTER OF REFERENCES**

### **APPLICATION**

1. Thoroughly complete all pages of application.
2. On the back of the application is a heading entitled References. One of the references listed, must be your current employer or most previous past employer (whichever applies). A second reference should be another employer. The third should be a personal reference or from someone who has known you for a period of time.

### **LETTER OF REFERENCE**

1. Complete the top section only.
2. The bottom portion is to be completed by the person giving the reference.
3. In the upper left hand corner, put the name and address of the reference.
4. Complete the rest of this section and sign.

If you have any further questions, please feel free to ask.

### **PLEASE INCLUDE RESUME**

ABS Inc., is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER dedicated to eliminating artificial barriers in employment which would tend to discriminate on the basis of sex, race, color, religion, national origin, handicapping/disabling conditions (including HIV and AIDS) (except where lifting is required for a specific position), marital status, sexual orientation, political affiliation, veteran status or age, in all aspects of employment including hiring and promotion.

**ABILITY BUILDING SERVICES, INC.**

**EMPLOYMENT APPLICATION**

DATE \_\_\_\_\_

**THIS APPLICATION IS GOOD FOR 30 DAYS**

NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Are you under the age of 18 years?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

(Convictions will not necessarily disqualify applicant for employment, each one is considered in relation to the position applied for.)

Have you ever been employed here before?  Yes  No If so, when: \_\_\_\_\_

Do you have a current Driver's License?  Yes  No Are there any restrictions?  Yes  No

If yes, explain: \_\_\_\_\_

I understand that I must be insurable by the agency's vehicle insurance carrier.  Yes

Are you capable of performing with or without accommodations for the essential functions of the position?  Yes  No If no, please explain: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

FULL TIME  PART TIME  NIGHTS  Date available to start: \_\_\_\_\_

State any specific experiences, skills or qualifications, which you feel, would fit you for work with Ability Building Services: \_\_\_\_\_

PLEASE LIST ALL EDUCATION OR SPECIALIZED EXPERIENCE WHICH YOU FEEL RELATES TO THE POSITION APPLIED FOR AND WOULD BENEFIT YOU: (Transcripts may be requested.)

NAME	ADDRESS	DID YOU GRADUATE OR EQUIVALENT	COURSE OF STUDY OR DEGREE
High School			
College/Vocational School			
Graduate School			

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## EMPLOYMENT HISTORY

Please provide the following information concerning each of your employers, starting with your present or most recent position (the applicant may include in such history any verified work performed on a volunteer basis).

Employer (Current or most recent)	Dates From	Employed To	Description of Duties
Address			
Telephone Number(s)	Hourly Rates/Salary		
Job Title or Position	Starting	Final	
Supervisor			
Reason for Leaving			

Employer (Next Previous Employer)	Dates From	Employed To	Description of Duties
Address			
Telephone Number(s)	Hourly Rates/Salary		
Job Title or Position	Starting	Final	
Supervisor			
Reason for Leaving			

Employer (Next Previous Employer)	Dates From	Employed To	Description of Duties
Address			
Telephone Number(s)	Hourly Rates/Salary		
Job Title or Position	Starting	Final	
Supervisor			
Reason for Leaving			

For this application to be considered, you must identify your most recent employer.

Are you currently employed?  Yes  No

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE?  Yes  No

If you are presently employed, how much notice do you need to give? \_\_\_\_\_

Have you worked under a different last name? For references, please indicate: \_\_\_\_\_

Do you have a relative employed here?  Yes  No If so, please list: \_\_\_\_\_

How were you made aware of position opening? \_\_\_\_\_

### REFERENCES

NAME	ADDRESS	OCCUPATION	PHONE

If there have been any gaps in your employment during the last five years, please provide details in the space provided here.

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List professional, trade, business or civic activities and offices held. Describe any specialized training, apprenticeship, skills and extracurricular activities (excluding those which, by their name or character, indicate the race, color, religion, sex, age, national origin, marital status, ancestry or handicap).

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Summarize special training skills (such as machines, typing, PC skills, language skills, etc.) which you feel may especially qualify you for working with our agency.

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## **APPLICANT'S STATEMENT**

1. I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application or in any interview is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Ability Building Services, Inc. Please note that all information is subject to verification.
  
2. I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time, with or without prior notice, at the option of either myself or the Agency. No promise or guarantee is binding upon the Agency unless made in writing by an authorized Agency official.
  
3. If employed, I also agree to submit to a medical examination and/or drug test at any time deemed appropriate by the Agency and as permitted by applicable law. I consent to such examinations and/or tests and I request that the examining doctor disclose to the Agency the results of the examination, which the Agency shall keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon satisfactory medical examinations and/or drug test.
  
4. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
  
5. I grant permission for authorities of Ability Building Services, Inc. to confidentially contact employers and references listed and perform a background check.
  
6. I certify that I have read, or have had read to me, items 1, 2, 3, 4, 5, and 6 above. I understand the contents and hereby acknowledge receipt of this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Signature required in order to be considered for employment)

\_\_\_\_\_  
Date

**ABILITY BUILDING SERVICES, INC.**

**DRIVER INFORMATION SHEET**

**I. DRIVER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**II. INSURANCE INFORMATION:**

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

LIABILITY LIMITS OF POLICY: \_\_\_\_\_

**III. HISTORY:**

**LIST ANY TRAFFIC CITATIONS:**

Date	City/State	Kind of Citation
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**LIST ANY ACCIDENTS EVEN IF NOT AT FAULT:**

Date	City/State	Kind of Accident
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Were you at fault?  yes  no

(Did your insurance pay?)  yes  no

**FOR ABS USE ONLY**

Please request driver's clearance from Dept of Motor Vehicles:

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_ Dept: \_\_\_\_\_



# ABILITY BUILDING SERVICES

*Providing Opportunities for Enriched Lives.*

## PROFESSIONAL REFERENCE

REFERENCE NAME (Please print) _____	DATE _____, 20____
ADDRESS _____	COMPANY NAME _____
CITY _____ STATE _____ ZIP _____	COMPANY TITLE _____
APPLICANT'S NAME _____	RELATIONSHIP TO REFERENCE _____
APPLICANT'S SOCIAL SECURITY NUMBER _____	
POSITION APPLIED FOR _____	

I have applied to Ability Building Services, Inc., Yankton, South Dakota, for employment and I desire that they be fully advised of my record with former employees. I, therefore, request that you furnish the necessary information concerning my employment with you and I hereby release you from any and all liability of damages for providing the information requested.

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

The applicant named above has applied for a position with Ability Building Services, Inc. and has given your name as a reference. We would appreciate if you would furnish us as much of the information requested below as possible. We assure you that any information you give us will be confidential. The applicant will benefit from an early reply since his/her employment is pending.

DATES IN YOUR EMPLOY: \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

WOULD YOU RE-HIRE?  YES  NO IF NO, WHY NOT? \_\_\_\_\_

PLEASE RATE APPLICANT OF THE FOLLOWING CHARACTERISTICS:

CHARACTERISTICS	POOR	FAIR	AVERAGE	ABOVE AVERAGE	EXCELLENT
QUALITY OF WORK					
ATTITUDE					
ABILITY TO WORK WITH OTHERS					
INITIATIVE					
ATTENDANCE					
DEPENDABILITY					
COOPERATION					

REMARKS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_



**PROFESSIONAL REFERENCE**

\_\_\_\_\_, 20\_\_\_\_

REFERENCE NAME (Please print) \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COMPANY TITLE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ RELATIONSHIP TO REFERENCE \_\_\_\_\_

APPLICANT'S SOCIAL SECURITY NUMBER \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

I have applied to Ability Building Services, Inc., Yankton, South Dakota, for employment and I desire that they be fully advised of my record with former employees. I, therefore, request that you furnish the necessary information concerning my employment with you and I hereby release you from any and all liability of damages for providing the information requested.

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 WOULD YOU RE-HIRE?  YES  NO IF NO, WHY NOT? \_\_\_\_\_

PLEASE RATE APPLICANT OF THE FOLLOWING CHARACTERISTICS:

CHARACTERISTICS	POOR	FAIR	AVERAGE	ABOVE AVERAGE	EXCELLENT
QUALITY OF WORK					
ATTITUDE					
ABILITY TO WORK WITH OTHERS					
INITIATIVE					
ATTENDANCE					
DEPENDABILITY					
COOPERATION					

REMARKS: \_\_\_\_\_ SIGNED: \_\_\_\_\_

\_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_





**PERSONAL REFERENCE**

_____			_____, 20_____
PERSONAL REFERENCE NAME (Please print)			DATE
_____			_____
ADDRESS			RELATIONSHIP TO REFERENCE
_____	_____	_____	_____
CITY	STATE	ZIP	POSITION APPLIED FOR
_____			
APPLICANT'S NAME (Please Print)			

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Sign \_\_\_\_\_ Date \_\_\_\_\_

The applicant named above has applied for a position with Ability Building Services, Inc. and has given your name as a reference. We would appreciate if you would furnish us as much of the information requested below as possible. We assure you that any information you give us will be confidential. The applicant will benefit from an early reply since his/her employment is pending.

HOW LONG HAVE YOU KNOWN APPLICANT? \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

IS THERE ANYTHING YOU KNOW ABOUT THIS APPLICANT THAT WOULD PREVENT YOU FROM RECOMMENDING HIM/HER FOR WORKING WITH PEOPLE OF A VULNERABLE NATURE?

**PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

**AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ PART TIME  FULL TIME

Ability Building Services, Inc. complies with Affirmative Action/EEO standards in their admission, hiring, interviewing, and promoting practices. In an effort to report this compliance, specific information needs to be compiled to produce year-end reports, etc. No information on this form will be used for any purpose other than reporting to applicable state and federal agencies as required by law.

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Please complete the following voluntary information and return with application.

**Gender:** (Check one)

Male  Female

**Ethnicity:** (Check only one)

Hispanic/Latino

Non-Hispanic/Latino

**Race:** (Check as many as apply)

Black/African American

Native Hawaiian/Pacific Islander

Am. Indian or Alaskan Native

Asian

White

Racial / Ethnic Group:

- (1) **White:** (Not Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- (2) **Black:** (Not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- (3) **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- (4) **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example: China, India, Japan, Korea, the Philippine Islands and Samoa
- (5) **American Indian or Alaskan Native:** All persons having origins in any of the peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disability:** (Check one)

Individual with a disability:  Yes  No

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**Veterans Information:** (Check as many as apply)

Vietnam Era Veteran

Recently Separated Veteran

Special Disabled Veteran

Other Protected Veteran