



ABLE BUSINESS SERVICES, INC

1234 N.W. 79TH STREET

MIAMI, FL 33147

Phone: 305-636-5099 | Fax: 305-638-8082

It is the policy of Able Business Services, Inc to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age and disability or veteran status.

I. Applicant Information

Applicant Name: _____

Address: _____

City/State/Zip: _____

Number of years at the address: _____

Date of Birth: _____

Daytime Phone: _____

Evening Phone: _____

Driver's License (State/Number): _____

Email: _____

II. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

III. Position Applied For: _____



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IV. Salary Desired: \$ _____ per _____

V. Who referred you to our company? _____

VI.

VII. Have you applied to our company previously? Yes _____ No _____

If Yes, When? _____

VIII. Are you at least 18 years old? Yes _____ No _____

IX. Are you related to/have a relationship with any current Able Employee? Yes _____ No _____

If Yes, Who? _____

X. Do you own a reliable and operational vehicle? Yes _____ No _____

XI. Are you able to read, write and understand the English language? Yes _____ No _____

XII. Are you willing to work any shift, including nights and weekends? Yes _____ No _____

If no, please state any limitations: _____

XIII. Have you ever been convicted of a felony? Yes _____ No _____

If so, please explain: _____

XIV. If applicable, are you available to work overtime? Yes _____ No _____

XV. If you are offered employment, when would you be available to begin working?

XVI. Are you legally eligible for employment in the United States? Yes _____ No _____

XVII. Are you able to perform the essential functions of the job position with out without reasonable accommodation? Yes _____ No _____

What reasonable accommodation if any would you require?



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Are you able to:

- Stand for at least 15 minutes consistently Yes _____ No _____
- Bend of at least 15 minutes consistently Yes _____ No _____
- Stoop for at least 15 minutes consistently Yes _____ No _____
- Squat for at least 15 minutes consistently Yes _____ No _____
- Push for at least 15 minutes consistently Yes _____ No _____
- Pull for at least 15 minutes consistently Yes _____ No _____
- Climb for at least 15 minutes consistently Yes _____ No _____
- Lift up to 50 lbs. Yes _____ No _____
- Work in the outside in heat for an extended period of time Yes _____ No _____

XVIII. Applicant Skills

Check those skills that you have list any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (1 represents poor ability, while 5 represents exceptional ability)

Skill	Years of Expertise	
<input type="radio"/> Microsoft Office Suite (Word, Excel, etc.)	_____	12345
<input type="radio"/> Landscaping	_____	12345
<input type="radio"/> Janitorial	_____	12345
<input type="radio"/> Small Engine Repair	_____	12345
<input type="radio"/> Estimating	_____	12345
<input type="radio"/> Floor Maintenance	_____ _____	12345



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XIX. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
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XX. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? Yes _____ No _____ If yes, what degree was received? _____

High School/GED Name and Address – year of completion

Did you receive a degree? Yes _____ No _____

Other Training (graduate, technical, vocational):

Awards, Honors, Certifications, Special Achievements:

Military Service: Yes _____ No _____

Branch & Time Served: _____

Specialized Training: _____



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XXI. References

List any 3 people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

XXII. Please provide any other information that you believe should be considered:



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CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Able Business Services, Inc to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will". Namely, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Able Business Services, Inc., except in a specific written contract of employment signed behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. YOUR TYPED/DIGITAL SIGNATURE INCURS THE SAME RESPONSIBILITIES AS YOUR PHYSICAL SIGNATURE.

APPLICANT SIGNATURE

DATE