



# REDEFINING ABILITIES LLC

## Employment Application

**PLEASE TYPE OR PRINT IN INK. PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POSITION FOR WHICH YOU APPLY.**

Date of Application \_\_\_\_\_

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

Name \_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Are you applying for a position that involves driving for Redefining Abilities LLC? If yes, please provide  
Driver license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Driver license state: \_\_\_\_\_

Are you currently a volunteer of Redefining Abilities LLC? ☐ Yes ☐ No

Have you ever been employed using another name? If yes, specify \_\_\_\_\_

Have you ever been employed by Redefining Abilities LLC? ☐ Yes ☐ No

If yes, specify dates, position and department \_\_\_\_\_

If you are hired, can you submit documented proof within three days of employment of your legal right to work in the United States? (*Proof will be required as a condition of employment*) ☐ Yes ☐ No

Do you have relatives working at Redefining Abilities LLC? ☐ Yes ☐ No

If yes, specify name and position held \_\_\_\_\_

On what date would you be available to begin work? \_\_\_\_\_

Type(s) of employment sought (check all that apply): ☐ Full Time ☐ Part Time ☐ Other



# REDEFINING ABILITIES LLC

## REDEFINING ABILITIES LLC IS AN EQUAL OPPORTUNITY EMPLOYER

Have you ever been convicted of a crime other than a minor traffic violation over 2 years old? (Conviction will not automatically bar employment. Each case is considered on its own merits.) ☐ Yes ☐ No

If yes, please explain and state charge, court, date, and disposition of case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to safely perform the essential functions of the position for which you are applying either with or without reasonable accommodations? ☐ Yes ☐ No

Please list any needed accommodations \_\_\_\_\_

\_\_\_\_\_

## COMPUTER/OFFICE SKILLS

Please evaluate your abilities to use a computer with Microsoft Office. Assign a number according to your estimated level of experience or comfort. Please circle one and explain:

0=No Work Experience

1=Limited Experience

2=Moderate Experience

3=Extensive Experience

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION & TRAINING

	Name of school & address	Number of years	Courses/Major	Degree/Diploma/Certificate
High School				
Undergraduate				
Graduate				
Other				



## REDEFINING ABILITIES LLC

### EMPLOYMENT EXPERIENCE

Please attach your resume for your employment history for the past 10 years, starting with your most **recent** employment. Please account for any periods of unemployment, specifying time frame and reasons.

**Do you wish to be notified before we contact your current employer?** ☐ Yes ☐ No

### IMPORTANT! READ BEFORE SIGNING!

#### Applicant's Statement

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission of applicant information I submitted may result in failure to receive an offer or, if hired, my dismissal from employment. The State of Florida requires that **ALL** candidates are required to pass a level 2 background check prior to employment.

I authorize Redefining Abilities LLC and its agents to investigate my suitability for employment. I authorize the people or companies contacted by Redefining Abilities LLC or its agents to provide all pertinent information they may have, personal or otherwise. I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Redefining Abilities LLC, or from the use or disclosure of such information by Redefining Abilities LLC, its agents, employees or representatives.

**The following people or companies may not be contacted during the pre-employment process:  
Please List any below**

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In consideration of my employment if hired, I agree to conform to the rules and standards of Redefining Abilities LLC, as amended from time to time at Redefining Abilities LLC's sole discretion.

I understand that all offers of employment are conditioned on the provision to Redefining Abilities LLC, within three days from the start of my employment, of satisfactory proof of my identity and legal right to work in the United States of America.

I understand that if I become employed by Redefining Abilities LLC, my employment and compensation can be terminated at will, with or without cause or notice, at any time, by me or by Redefining Abilities LLC. I also understand that I may be disciplined or demoted, and the terms of my employment may be altered at any time, with or without cause or advance notice, at the discretion of Redefining Abilities LLC. I understand that no employee or representative of Redefining Abilities LLC, other than the President/Owner of the agency, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in the form of an individual written employment agreement signed by both the President/Owner of Redefining Abilities LLC and me. This paragraph sets forth the sole and entire agreement between me and Redefining Abilities LLC relating to these subjects.

**I hereby acknowledge that I have read and understand the foregoing in its entirety**

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Applicant's Signature

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Date



## REDEFINING ABILITIES LLC

**IF YOU HAVE RECEIVED THIS APPLICATION FROM THE  
REDEFINING ABILITIES LLC WEBSITE, PLEASE PRINT, FILL OUT  
AND SUBMIT YOUR APPLICATION TO THE ADDRESS, EMAIL, OR  
FAX NUMBER BELOW. ANY QUESTIONS PLEASE CONTACT THE  
NUMBER BELOW.**

**Redefining Abilities LLC  
PO Box 444  
Mascotte, FL 34753**

**Phone: 352-460-6093**

**Fax: 352-366-0230**

**[Redefiningabilities19@gmail.com](mailto:Redefiningabilities19@gmail.com)**