# **APPLICATION OF EMPLOYMENT**

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

**PERSONAL INFORMATION**

Click here to enter text.

Last Name, First Name, Middle Initial

Current Address:

Click here to enter text.

Street, City, State Zip Code

Permanent Address (if different from above):

Click here to enter text.

Street, City, State Zip Code

Telephone: Click here to enter text. E-mail: Click here to enter text.

**Emergency Contact**

Name: Click here to enter text.

Relation: Click here to enter text.

Phone Number: Click here to enter text.

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

**Yes  No**

If applicable, please list your visa type, visa # and expiration: Click here to enter text.

Have you ever been convicted of a felony?  **Yes  No (**If you answered yes, please explain):

Click here to enter text.

Have you ever served in the U.S. Military?  **Yes  No (**If yes, please complete the following):

Branch of Service: Click here to enter text. Rank at time of separation:Click here to enter text.

Service Dates: Click here to enter text. to Click here to enter text.

**EMPLOYMENT HISTORY:**

**Present or Most Recent Employer**

**Employer:** Click here to enter text. **Address:** Click here to enter text. **Phone:** Click here to enter text.

**Your Position:**Click here to enter text. **Salary:** Click here to enter text. **May we contact? Yes  No**

**Dates of Employment:**Click here to enter a date. **to Click here to enter a date.**

D**uties:\_**Click here to enter text.

**Supervisor:** Click here to enter text.Click here to enter text.

Name Title

**Reason for Leaving:** Click here to enter text.

**Prior Employer**

**Employer:** Click here to enter text. **Address:** Click here to enter text. **Phone:** Click here to enter text.

**Your Position:**Click here to enter text. **Salary:** Click here to enter text. **May we contact? Yes  No**

**Dates of Employment:**Click here to enter a date. **to Click here to enter a date.**

D**uties:\_**Click here to enter text.

**Supervisor:** Click here to enter text.Click here to enter text.

Name Title

**Reason for Leaving:** Click here to enter text.

**Prior Employer**

**Employer:** Click here to enter text. **Address:** Click here to enter text. **Phone:** Click here to enter text.

**Your Position:**Click here to enter text. **Salary:** Click here to enter text. **May we contact? Yes  No**

**Dates of Employment:**Click here to enter a date. **to Click here to enter a date.**

D**uties:\_**Click here to enter text.

**Supervisor:** Click here to enter text.Click here to enter text.

Name Title

**Reason for Leaving:** Click here to enter text.

EDUCATION

###### High School

Click here to enter text.

Name and Address

**Did you graduate?  Yes  No Year of Graduation** Click here to enter a date.

**If you did not graduate, did you receive your GED?  Yes  No**

**Special honors or awards:** Click here to enter text.

***Technical College or University***

Click here to enter text.

Name and Address

**Did you graduate?  Yes (Date** Click here to enter a date.**)  No (Attended from** Click here to enter a date. **to** Click here to enter a date.**)**

**Degree:** Click here to enter text.**Major:** Click here to enter text.

**Special honors or awards:** Click here to enter text.

***College or University***

Click here to enter text.

Name and Address

**Did you graduate?  Yes (Date** Click here to enter a date.**)  No (Attended from** Click here to enter a date. **to** Click here to enter a date.**)**

**Degree:** Click here to enter text.**Major:** Click here to enter text.

**Special honors or awards:** Click here to enter text.

**POSITION INFORMATION**

**How did you hear about this position?** Click here to enter text.

**Are you willing to travel for the job?  Yes (Number of Miles** Click here to enter text.**)  No**

**When would you be able to start?** Click here to enter a date.

**Are you willing to make a minimum of a 1 year commitment to this position?  Yes  No**

**POSITION INFORMATION:**

**In order to determine your work schedule, please provide your class/commitment schedule below (or attach)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  |  |

**How many hours per week are you willing to work?** Click here to enter text.

**Would you be able to work weekends?  Yes  No**

**Please describe education and experience in working with children with autism. Please include specific types of therapies utilized.**

Click here to enter text.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history. Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

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