

# THE CENTER FOR AUTISM EMPLOYMENT APPLICATION

Please Print or Type All Application Information

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

*THIS EMPLOYMENT APPLICATION MUST BE COMPLETED IN FULL. PLEASE ANSWER EVERY QUESTION.*

## THE CENTER FOR AUTISM IS AN EQUAL OPPORTUNITY EMPLOYER

The Center for Autism does not discriminate in employment with regard to age, color, national origin, race, religion, sex, sexual orientation, citizenship, veteran status, disability, union affiliation, marital status or any other basis prohibited by applicable federal, state, or local laws. In addition, no question contained in this application is intended to or will be used for the purpose of limiting or excluding the applicant's consideration for employment on any such basis.

## EMPLOYMENT ELIGIBILITY

The Immigration and Reform and Control Act of 1986 prohibits the employment of unauthorized aliens and requires employers to verify the employment eligibility of all new employees. Any offer of employment made by the Center will be conditioned on your providing the documentation required by law as evidence of your personal identity and your authorization to work in the United States.

## COMMITMENT TO INTEGRITY

The Center for Autism's commitment to integrity is an integral part of the way we conduct business. As such, all employees must acknowledge in writing their commitment to adhering to the Center's policies, to its Confidentiality and Non-Disclosure Agreement and to reporting violations.

### Personal Data

Name: \_\_\_\_\_ Last 4 Numbers of SSN: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City/State/Zip Code

Telephone number: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Position applying for: \_\_\_\_\_

Employment desired:  Full Time  Part Time (less than 37.5 hrs/wk)  Temporary

Driver's License (complete only if position requires driving):

State: \_\_\_\_\_ # \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_

Do you have any relatives currently employed by The Center for Autism?  Yes  No

If yes, give name and relationship \_\_\_\_\_

*(Having a relative employed by the company will not preclude your hire but may affect allowable reporting relationships.)*

Are you legally authorized to work in the United States?  Yes  No

*(Proof of U.S. citizenship or immigration status will be required upon employment.)*

Are you 18 years of age or older?  Yes  No

*(If not, employment is subject to verification that you are of minimum legal age and that you are able to supply any required work permit.)*

**Educational Background**

List your educational history, starting with the most recent, including vocational, trade or any other educational achievements.

School	No. Years Completed	Degree/Diploma	GPA/Class Rank	Course of Study	Did you Graduate (Y/N)?

**Employment History**

List your complete employment history starting with your most recent job. Include all dates of employment. If additional space is needed, use the back of this sheet or attach a separate sheet of paper. **You may attach a resume only to provide supplemental information. A resume may not be substituted for the requested information.**

<u>Employer</u>	<u>Telephone</u> ( )	<u>Dates Employed</u> (Month/Year)		<u>Final Base</u> <u>Rate</u>	<u>Final Bonus</u>
		<u>From</u>	<u>To</u>	\$	\$
<u>Address</u>	<u>Job Title</u>	Name/Title of Immediate Supervisor			
Summarize the nature of the work performed and job responsibilities		Reason for Leaving			
<u>Employer</u>	<u>Telephone</u> ( )	<u>Dates Employed</u> (Month/Year)		<u>Final Base</u> <u>Rate</u>	<u>Final Bonus</u>
		<u>From</u>	<u>To</u>	\$	\$
<u>Address</u>	<u>Job Title</u>	Name/Title of Immediate Supervisor			
Summarize the nature of the work performed and job responsibilities		Reason for Leaving			
<u>Employer</u>	<u>Telephone</u> ( )	<u>Dates Employed</u> (Month/Year)		<u>Final Base</u> <u>Rate</u>	<u>Final Bonus</u>
		<u>From</u>	<u>To</u>	\$	\$
<u>Address</u>	<u>Job Title</u>	Name/Title of Immediate Supervisor			
Summarize the nature of the work performed and job responsibilities		Reason for Leaving			

<u>Employer</u>	<u>Telephone</u> ( )	<u>Dates Employed</u> (Month/Year)		<u>Final Base</u>	<u>Final Bonus</u>
		<u>From</u>	<u>To</u>	\$	\$
<u>Address</u>	<u>Job Title</u>	Name/Title of Immediate Supervisor			
Summarize the nature of the work performed and job responsibilities		Reason for Leaving			
<b>Comments</b> (Use this space to provide additional explanation about your employment history, <u>including explanation of any gaps in employment.</u> )					

<p><b>Military Experience</b></p> <p>Service Branch: _____ Reserve or National Guard Status: _____</p> <p>Length of Service: _____ years _____ months Rank held at exit: _____</p> <p>Describe relevant training and principal duties: _____</p> <p>_____</p>
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Have you entered into a non-competition, non-solicitation, non-disclosure/confidentiality agreement or any other agreement with a current or former employer that may impact your ability to do work for The Center for Autism?

Yes       No

If yes, please identify the employer(s), date of agreement(s), nature of the agreement(s) (e.g., non-competition agreement), and any restrictions placed upon you under the agreement(s) or, in the alternative, and only if permissible by the employer, attach a signed copy of any such agreement to this application.

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**Skills and Qualifications** Describe relevant skills, training and special qualifications, such as licenses, foreign languages, etc., that may prepare you to work with the company.

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**Additional Information** List any additional information you would like us to consider that may be relevant to the position for which you are applying (i.e., accomplishments, publications, awards, etc.).

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**Professional References, including Supervisors, Subordinates, Peers and Client/Customers.**

Name	Relationship	Telephone		Years Known
		Home ( )	Work ( )	
		Home ( )	Work ( )	
		Home ( )	Work ( )	
		Home ( )	Work ( )	
		Home ( )	Work ( )	

Referral Source:  Advertisement  
 Employment Agency  
 Website (indicate the specific website name and/or address) \_\_\_\_\_  
 Employee Referral (Name) \_\_\_\_\_  
 Other \_\_\_\_\_

**Applicant Authorization and Certification**

I certify that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection and destruction of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered.

I understand and agree that THE CENTER FOR AUTISM, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure.

I agree that I will not disclose or use while interviewing with or employed with THE CENTER FOR AUTISM any trade secrets, confidential information or proprietary information of others, including any former employer.

THE CENTER FOR AUTISM does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand and agree that, if hired, my employment will be at will, and that I or THE CENTER FOR AUTISM can terminate this employment relationship at any time, with or without notice, for any reason, without recourse by either of us.

I understand that I am applying for the position specified on page 1 of this application.

I specifically authorize THE CENTER FOR AUTISM to investigate my background, including any and all references, available criminal and other judicial records, and my credit record, where applicable to the position for which I am applying and consistent with applicable law. I understand that THE CENTER FOR AUTISM will notify me if and when a credit record investigation is performed, and the sources investigated. I authorize THE CENTER FOR AUTISM to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for THE CENTER FOR AUTISM'S consideration of me for employment, and I specifically release and hold THE CENTER FOR AUTISM harmless for any and all liabilities arising out of their investigation of my application for employment.

I understand that any offers of employment are contingent on verification of my right to work in the United States and that I may be asked to provide THE CENTER FOR AUTISM with proper documentation verifying such right to work and sign any verification required by applicable law.

I certify and declare that the foregoing statements/information is all true and correct to the best of my knowledge. **My signature, below, acknowledges that I have read, understand and agree to the terms of this entire application.**

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

*Date* \_\_\_\_\_