



Center for Autism and Related Disorders, Inc.

EMPLOYMENT APPLICATION

General Data

Last Name	First Name	Middle Name
Have you ever used another name? _____Yes _____No		
If yes, please specify for purposes of a reference check:		
Present Address Number	Street	City State Zip Code
Home Telephone Number: ()		Email Address:
Cell Phone Number: ()		
Position Applying For:	CARD Office Preference:	Date of Application:
Full Time _____ Part Time: _____		Days/Hours Available To Work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
Date available to start? _____		
Do you have a valid Drivers License? _____Yes _____No		

If employed in the position for which you have applied, would you be in a supervisor or subordinate relationship to any relative of your household? Yes No If Yes, indicate relationship:

Have you ever applied to or have been employed by another CARD office? If so, which one? _____

This job requires driving. Please circle how difficult this would be for you:

1	2	3	4	5	6	7	8	9	10
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Not difficult

Extremely difficult

Have you had any accidents during the past five years? How many? _____

Have you had any moving violations during the past five years? How Many? _____



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Personal Data

Person To Notify in Case of Emergency:	Telephone Number: ()
Present Address	

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN a traffic citation?

Yes No If yes, please state the date of conviction and the nature of the offense, judgment and any information concerning a referral to, and participation in, any pretrial or post trial diversion program. **(In answering this question, do not include: convictions for which the record has been judicially ordered sealed or expunged; marijuana-related convictions described in California Labor Code Section 432.8 that are more than 2 years; misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed pursuant to California Penal Code Section 123.4) A conviction will not automatically bar employment.**

Skills

Typing ____ Yes ____ No ____ WPM _____
Personal Computer _____ Yes ____ No ____ PC ____ Mac
Other Training/Skill/Experience in this field or other related fields(include bilingual ability including sign language): _____

Military

Have You Ever Been in the Armed Forces? ____ Yes ____ No
Are You Now a Member of the National Guard? ____ Yes ____ No
Specialty _____ Date Entered _____ Discharge Date _____



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State relative skills acquired during military service:

Professional & Technical Applicants Only

Professional License Number:	Type of License :	Exp Date:	State:
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EDUCATION	High School	College	Trade, Professional school, or other
NAME			
ADDRESS			
COURSE/MAJOR			
DIPLOMA/DEGREE			

Work Experience

Name of Employer	Employment Dates	Pay or Salary
Address City, State, Zip Code	From	Start
	To	Final
Phone Number		
Name of Last Supervisor	Your Job Title	
Reason for Leaving		
List Duties Performed, Advancements and Promotions.		
May We Contact Now? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Work Experience (continued)

Name of Employer	Employment Dates	Pay or Salary
Address City, State, Zip Code	From	Start
	To	Final
Phone Number		
Name of Last Supervisor	Your Job Title	
Reason for Leaving		
List Duties Performed, Advancements and Promotions.		
May We Contact Now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer	Employment Dates	Pay or Salary
Address City, State, Zip Code	From	Start
	To	Final
Phone Number		
Name of Last Supervisor	Your Job Title	
Reason for Leaving		
List Duties Performed, Advancements and Promotions.		



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Applicant's Statement

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge. _____(initials)

I understand a tuberculosis test and fingerprint clearance with the Federal Bureau of Investigations and the Department of Justice is a requirement to work at CARD and agree to abide and present the necessary documentation at the time of hire. _____(initials)(Clinical staff only)

I agree to have any of the statements above verified by the **Center for Autism and Related Disorders, Inc.**, unless I have indicated to the contrary. Further, I understand that the falsification or omission of any material information on this application, if I receive a job offer, may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer. _____(initials)

I hereby acknowledge that my employment is "at - will," that I may resign at any time and the **Center for Autism and Related Disorders, Inc.**, may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the Executive Director of this company. _____(initials)

Signature of Applicant

Date

For Company Use Only

Interviewed: Yes No

Remarks _____

Employed: Yes No

Starting Date: _____

Job Title: _____ Salary: _____ Dept: _____

By: _____ Date: _____

Name and Title



Center for Autism and Related Disorders, Inc.

Voluntary Invitation to Self-Identify for Affirmative Action Purposes

To assist us in recruitment efforts and to enable the Center for Autism and Related Disorders, Inc., to take affirmative measures and recordkeeping to comply with Federal Government regulations, please complete this form and submit it with your application. Completion of this Affirmative Action Questionnaire and Invitation for Voluntary Self-Identification is strictly **voluntary** and your answering or not answering will not be held against you in any way. On the contrary, we ask that employees voluntarily provide this information to further equal employment opportunities and assist us in complying with federal reporting requirements. Data will be used for statistical purposes with the federal government and civil rights enforcement and to measure the effectiveness of our affirmative action programs. When reported, data will not identify any specific individual. The form will be detached from your application and will not be forwarded to the appointing department.

Applicant Name: _____ Date: _____

Position Applied For: _____

Please check one:

- Male Female
- White (Not Hispanic/Latino)
- Asian (Not Hispanic/Latino)
- Native Hawaiian or Pacific Islander
- I choose not to participate

Indicate the Appropriate Race/Ethnic Group:

- Hispanic/Latino
- Black or African American (Not Hispanic/Latino)
- American Indian or Alaska Native (Not Hispanic/Latino)
- Two or More races

How were you referred to this job:

- School/College
- Advertisement
- Search Firm
- State Job Service
- Government Agency _____
- Walk-In
- CARD Website
- Employee Referral
- Online Job Board _____