

CENTER FOR AUTISM & 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
Years at Above Address			Home Telephone Number				
			()				
Position Applying For					Date of Application		
Full Time or Part Time			Shift or Hours Preferred				
When are you available to start work?			Do you have a valid Drivers License				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Personal Data

Person to notify in case of Emergency:		Home Telephone Number					
		()					
Present Address		Number	Street	City	State		Zip Code
<i>How did you learn of this job opening?</i>							
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-in			
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other: _____			

List membership in professional organizations which you feel would enhance your application. You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.

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If less than 18 years of age, can you after employment, submit a work permit? N/A 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, the country and state, and the nature of the offense and judgment.

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

Skills

Typing Speed (wpm):	Shorthand (wpm):		
Machines Operated:			
Other Training/Skills (include bilingual ability if relevant to the position for which you are applying):			
Branch of Military Service:	State Dates: From To		
State Relative skills acquired during military service:			
Professional & Technical Applicants Only			
Professional License Number	Expiration Date:	Type of License:	State:

Education

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL, OR OTHER
NAME			
ADDRESS			
NUMBER OF YEARS			
COURSE OR MAJOR			
DIPLOMA/DEGREE			

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Work Experience

Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
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Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			

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Are you able to perform the essential functions of the job for which you are applying? If no, describe the functions you cannot perform. (Note: We comply with ADA & consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) Yes No
If there is any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position, please describe below;

If "Yes," please explain: _____

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.

I agree to have any of the statements checked by the Center of Autism and Related Disorders, Inc. unless I have indicated to the contrary. Further, I understand that 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.

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 not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

Signature of Applicant

Date

For Company Use Only

Interviewed: Yes No

Remarks: _____

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Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Date: _____
Job Title: _____	Salary: _____ Dept: _____
By: _____ Name and Title	_____ Date

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Please indicate your work schedule: (Write **AVAILABLE** or **NOT AVAILABLE** in boxes)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9 AM							
10AM							
11AM							
12AM							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							