

Responding to Autism Services Inc.

Application for Employment



Personal Information

Applicant Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Are you a US citizen? YES NO If no, are you authorized to work in the US? YES NO

Do you speak other languages? YES NO If so, what? _____

Have you been convicted of a felony? YES NO If yes, please explain _____

Position Applying for _____ Desired salary _____

Days/hours available to work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Sat _____

If hired, on what date can you start working? ___ / ___ / ___

Can you occasionally work on the weekends? YES NO

Can you occasionally work evenings? YES NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES NO

If no, describe the functions that cannot be performed

Education, Training and Experience

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				

Other trainings, certificates, certifications _____

Employment History

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Name of Employer: _____

Name of Supervisor: _____ Phone: _____

Business Type _____ Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? YES NO

Name of Employer: _____

Name of Supervisor: _____ Phone: _____

Business Type _____ Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? YES NO

Name of Employer: _____

Name of Supervisor: _____ Phone: _____

Business Type _____ Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

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May we contact this employer for references? YES NO

Name of Employer: _____

Name of Supervisor: _____ Phone: _____

Business Type _____ Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? YES NO

Please list your areas of highest proficiency, special skills, experience with autism or individuals with disabilities, or other items that may contribute to your abilities in performing the above mentioned position.

How many years of relevant experience do you have? _____

How many years of Working with Adults with Disabilities experience do you have? _____

How is your previous experience relevant to this role? _____

Why are you interested in this job? _____

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name _____ Phone: _____

Address: _____ City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

Name _____ Phone: _____

Address: _____ City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

Name _____ Phone: _____

Address: _____ City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant Signature

Print

Date

Please email this application, your resume and cover letter to: info@respondingtoautism.net