

Application for Employment

Mission statement

To help children affected by autism spectrum disorders (ASD) to reach their full potential through excellence in care, instruction and support

Today's Date: _____

Position applying for: _____

Personal Information			
Last Name	First Name	M.I.	
Address		City/State	Zip Code
Telephone Number(s)	Email Address	SSN	

Education	
Highest /level completed or degree earned:	
<input type="checkbox"/> Some HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	
Please list degree(s) earned (if applicable): _____	
If currently enrolled in school, please complete:	
Name of School	Start date & class level Major
City/State	Honors or extra-curricular activities
Other degrees or certification applicable to this position	

Work Experience (start with most recent):			
1	Job Title	From (mm/yy)	To (mm/yy)
	Employer	Supervisor/contact person	Phone number
	Starting & Ending Pay	Hours per week	May we contact this employer? Y N
Duties and accomplishments:			
Reason for leaving:			

(work experience continued)

2	Job Title	From (mm/yy)	To (mm/yy)
	Employer	Supervisor/contact person	Phone number
	Starting & Ending Pay	Hours per week	May we contact this employer? Y N
Duties and accomplishments:			
Reason for leaving:			

3	Job Title	From (mm/yy)	To (mm/yy)
	Employer	Supervisor/contact person	Phone number
	Starting & Ending Pay	Hours per week	May we contact this employer? Y N
Duties and accomplishments:			
Reason for leaving:			

Other Qualifications (ex: job-related training courses, skills, honors/awards, etc.):

Availability

<input type="checkbox"/> Full-time (40 hours/week)	<input type="checkbox"/> Part-time	Number of hours available each week: _____
Date available to start work:		Anticipated/expected wage/salary:
Are you expecting or planning to move out of the area within the next year?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, approximately when? _____		

Please show your availability, by marking an "X," in the table below. If you are not available for the entire time slot, please write the specific times you are available to work. Please understand you may not get your preferred schedule or hours depending upon staff seniority, times/shifts needed to be filled, etc.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (7-11:30 am)					
Afternoon (11:30 am – 3 pm)					
Evening (3 – 6:00 pm)					

