

ACES FOR AUTISM

Employment Application



Aces for Autism is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out the sections below:

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone				E-mail Address					
Social Security No.			Date of Application			Desired Salary			
Position Applied for									
How did you hear about this position?									
Date available to start?				Do you have reliable transportation?					
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Will you consent to substance test?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you consent to a background check?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please list your availability (indicate days and times during the day you are available):									
<input type="checkbox"/> Monday: _____					<input type="checkbox"/> Thursday: _____				
<input type="checkbox"/> Tuesday: _____					<input type="checkbox"/> Friday: _____				
<input type="checkbox"/> Wednesday: _____					<input type="checkbox"/> Weekends: _____				

EDUCATION									
High School				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Certification?	BCBA <input type="checkbox"/>	BCaBA <input type="checkbox"/>	RBT <input type="checkbox"/>	Licensed Educator <input type="checkbox"/>	Are you currently enrolled in coursework to obtain certification? If so, which one?				

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

ADDITIONAL INFORMATION
Do you have any experience working with children with Autism? If yes, in what capacity? How long?
Why are you interested in ABA therapy?

INTERESTS AND SPECIAL SKILLS									
Education	<input type="checkbox"/>	Special Activities w/ clients	<input type="checkbox"/>	Play Time	<input type="checkbox"/>	Social Buddies Club	<input type="checkbox"/>	1:1 aide	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Events	<input type="checkbox"/>	Special Skills (web design, photography, etc.)	<input type="checkbox"/>	Administrative Work	<input type="checkbox"/>	Community Development	<input type="checkbox"/>
Other (Please list):									

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>At-Will Employment:</p> <p>The relationship between you and Aces for Autism is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Aces for Autism, unless otherwise noted in employment contract. No representative of Aces for Autism has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Clinical Director or chair of the board of directors.</p>	
Signature	Date