

EMPLOYMENT APPLICATION

Position you are applying for:				
Date available for work:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Hourly
				<input type="checkbox"/> Temporary

PERSONAL INFORMATION

Your last name:	First:	Middle:
Your mailing address:	City:	State:
Home ph: ()	Mobile ph: ()	Email address:

EDUCATION

Check if you possess one of the following: A.A. Degree B.A. Degree M.A. Degree Ph.D.

Name and Address of the College, University, Vocational School or Institute you attended	Major or Course of Study	Attendance Dates		Name of Degree/Certificate	Units Completed	
		To	From		Sem.	Qtr.

LICENSES AND CERTIFICATES (CREDENTIALS, CERTIFICATIONS, STATE PROFESSIONAL LICENSES, ETC.)

Description	Issued by	Number	Expiration date

Has your credential/license ever been suspended or revoked?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been dismissed or asked to resign from any position?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been convicted of anything other than a minor traffic violation?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you answered "yes" to any of the above questions please explain. You may attached a separate explanation of the circumstances.

Language(s) spoke other than English. Please note your competency level.

Language:	<input type="checkbox"/> Conversational	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read/Write
Language:	<input type="checkbox"/> Conversational	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read/Write

The CAC (Coryell Autism Center) is and equal opportunity, ADA and affirmative employer. Bilingual applicants are strongly encouraged to apply.

Instructions:

1. List the most recent employment first
 2. Use different blocks for different positions with same employer
 3. List all experience, paid or voluntary, related to the position
 4. Additional sheets may be attached as necessary
- A resume can be attached, but will not be accepted in place of completed application.

EMPLOYMENT HISTORY

Date Employed	Mo. Yr.	Employer:	
From:	____/____	Address:	
To:	____/____	Supervisor's Name:	Title:
Total Months:	_____	Phone: ()	May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Hours per Week:	_____	Job title and description of duties:	
Salary:	_____		
		Reason for leaving:	

Date Employed	Mo. Yr.	Employer:	
From:	____/____	Address:	
To:	____/____	Supervisor's Name:	Title:
Total Months:	_____	Phone: ()	May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Hours per Week:	_____	Job title and description of duties:	
Salary:	_____		
		Reason for leaving:	

Date Employed	Mo. Yr.	Employer:	
From:	____/____	Address:	
To:	____/____	Supervisor's Name:	Title:
Total Months:	_____	Phone: ()	May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Hours per Week:	_____	Job title and description of duties:	
Salary:	_____		
		Reason for leaving:	

PERSONAL REFERENCES

In addition to the supervision listed on this application form, please list a minimum of three people who have knowledge of your ability to perform the duties of the position you are applying for.

Name:	Occupation:	Address:	Phone: ()
Name:	Occupation:	Address:	Phone: ()
Name:	Occupation:	Address:	Phone: ()

Please read and sign: I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. My signature below authorizes The Coryell Autism Center to conduct a background investigation and authorizes release of information in connection with my application for employment. Further, I hold harmless any individual or firm for any information that it may provide in this investigation which may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right to access to any such information and without limitation hereby release The Coryell Autism Center and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: law enforcement agencies and information for any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Name of applicant:	Signature of applicant:	Date:
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Coryell Autism Center is committed to a policy of equal employment opportunity for applicants and employees, and makes its hiring and employment decisions without regard to race, color, age, sex, national origin, pregnancy, physical or mental disability or medical condition as defined under state and federal laws. Employee decisions shall comply with all applicable laws prohibiting discrimination in employment.