



10313 Aboite Center Road
Fort Wayne, IN 46804

Phone: (260) 459-6040
Fax: (260) 459-6010

Employment Application

Position Applied for:		Date of Application:
How did you learn about Children's Autism Center, Inc? (Circle one)		
Advertisement	Walk-in	
Current Employee	Other:	
Internet		
Last Name:	First Name:	Middle Initial:
Address:	City:	State/Zip code:
Telephone (home):	Telephone (cell):	E-mail Address:

What hours are you available to work? (Circle one.)

Regular full-time Regular part-time Occasional full-time (substitute)
Occasional part-time (substitute) Summer only

What hours per day are you available to work?

M: T: W: TH: F:

On what date are you available to work?

Are you currently employed? Yes No

Are you legally qualified to work in the U.S.? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a crime, including misdemeanors? Yes No
(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Education

	High School	Technical School	College	Other
Name and location				
Years completed				
Diploma or degree/course of study				

Summarize special skills and training relevant to the job.

Describe any honors received.

List business, trade, or civil activities and offices held. (*You may exclude memberships that may reveal gender, race, religion, national origin, age, disability, or other protected status.*)

References

Give the name, address, and telephone number of three business references who are not related to you.

- 1.
- 2.
- 3.

Special Qualifications

On a scale of 0-5, with 0 indicating no experience and 5 indicating highly proficient, rate your expertise in the following.

Verbal Behavior _____ Sign Language (ASL) _____ Special Needs/Autism _____

Microsoft Word _____ Microsoft Power Point _____ Microsoft Excel _____

Work History

Start with the most recent employer.

Employer:	Dates Employed:
Employer's Address:	Employer's Telephone Number:
Job Title:	Supervisor:
Starting Pay:	Final Pay:
May we contact your supervisor?	Yes No
Work Performed: • • • • • • •	
Reason for Leaving:	

Employer:	Dates Employed:
Employer's Address:	Employer's Telephone Number:
Job Title:	Supervisor:
Starting Pay:	Final Pay:
May we contact your supervisor? Yes No	
Work Performed: <ul style="list-style-type: none"> • • • • • • • 	
Reason for Leaving:	

Employer:	Dates Employed:
Employer's Address:	Employer's Telephone Number:
Job Title:	Supervisor:
Starting Pay:	Final Pay:
May we contact your supervisor? Yes No	
Work Performed: <ul style="list-style-type: none"> • • • • • • • 	
Reason for Leaving:	

Are you able to perform the essential requirements of the job as you understand it? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? Yes No

Please read carefully.

I certify that the answers given on this application are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application, as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the employee may resign at any time and the employer may discharge the employee at any time without cause. It is further understood that this at will relationship may not be changed by any written documentation or by conduct unless the change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my interview or interviews may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature of applicant: _____ Date: _____

Children's Autism Center, Inc., considers applicants for all positions on the basis of qualifications and without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability, and any other legally protected status.