

**Autism Services Inc.**  
1310 Corporation Pkwy Ste. H  
Raleigh, NC 27610

## Application for Employment

Equal access to programs, services and employment is available to all persons Those Applicants requiring accommodation to applicant and/or interview process, should contact the HR Manager.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_

**Referral Source:**  Walk-in       Employee       Relative  
 Advertisement (Please Write the type. i.e. paper) \_\_\_\_\_  
 Other: \_\_\_\_\_

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### Personal Information:

**Applicant's Name:** \_\_\_\_\_

**Address: Street:** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Telephone Number:** Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

**May we call you at work?** \_\_\_Yes \_\_\_No      **if yes, best time to call** \_\_\_\_\_ am pm

**Best time to call at home** \_\_\_\_\_ am pm

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**Is your driver's license valid and current?** (a copy will be required upon employment) \_\_\_Yes \_\_\_No

**Do you have auto liability insurance?** (a copy will be required upon employment) \_\_\_Yes \_\_\_No

**Do you have your own reliable transportation?** \_\_\_Yes \_\_\_No

**Email Address:** \_\_\_\_\_

**Best way to contact you:** \_\_\_\_\_ email/ phone (if phone, please indicate which number)

**Are you legally eligible for employment in the US?** \_\_\_Yes \_\_\_No. (Proof will be required upon employment)

**Have you ever been bonded?** \_\_\_Yes \_\_\_No. \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor?** (Including sexual or abuser related offenses) \_\_\_Yes \_\_\_No

(Such a conviction may be relevant if job related, but does not bar you from employment)

**If yes please explain:**

\_\_\_\_\_

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### Employment

**Have you ever filed an application here before?** \_\_\_Yes \_\_\_No. IF yes, please give date \_\_\_\_\_

**Have you ever been employed here before?** \_\_\_Yes \_\_\_No. IF yes, please give dates \_\_\_\_\_

### Employment History

List your four employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section provided.

<b>Employer #1</b>	<b>Telephone</b>	<b>Dates Employed</b>	
<b>Address</b>		From	To
<b>Job Title</b>			
<b>Immediate Supervisor &amp; Title</b>		<b>Hourly Rate/ Salary</b>	
<b>Reason for Leaving</b>		<b>Starting</b>	\$
<b>May we contact for a reference?</b>	<b>Yes / No</b>	<b>Final</b>	\$

Summarize the nature of work performed and job responsibility.

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<b>Employer #2</b>	<b>Telephone</b>	<b>Dates Employed</b>	
<b>Address</b>		From	To
<b>Job Title</b>			
<b>Immediate Supervisor &amp; Title</b>		<b>Hourly Rate/ Salary</b>	
<b>Reason for Leaving</b>		<b>Starting</b>	\$
<b>May we contact for a reference?</b>	<b>Yes / No</b>	<b>Final</b>	\$

Summarize the nature of work performed and job responsibility.

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<b>Employer #3</b>	<b>Telephone</b>	<b>Dates Employed</b>	
<b>Address</b>		From	To
<b>Job Title</b>			
<b>Immediate Supervisor &amp; Title</b>		<b>Hourly Rate/ Salary</b>	

Reason for Leaving		Starting	\$
May we contact for a reference?	Yes / No	Final	\$

Summarize the nature of work performed and job responsibility.

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Employer #4	Telephone	Dates Employed	
Address		From	To
Job Title			
Immediate Supervisor & Title		Hourly Rate/ Salary	
Reason for Leaving		Starting	\$
May we contact for a reference?	Yes / No	Final	\$

Summarize the nature of work performed and job responsibility.

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**Comments** (including explanation of any gaps in employment)

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**Skills & Qualifications**

Do you have a current CPR & First aid certificate? \_\_\_\_ Yes \_\_\_\_ No.

If yes, when do they expire? CPR \_\_\_\_\_ First Aid \_\_\_\_\_

Where did you complete your CPR & First aid training? \_\_\_\_\_

Do you have the cards available? \_\_\_\_ Yes \_\_\_\_ No.

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being capable to perform job-related functions for the position, which you are applying.

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**Education Background**

**School**

School (last 3)	Years Completed	GPA Class Rank	Degree Diploma	Major	Minor

**Foreign Languages**

Language	Speak Some	Speak Fluently	Read/ Write

**REFERENCES**

List name and phone number of three business/work references that are not related to you and are not previous supervisors. If applicable, list three school or personal references that are not related to you.

Name	Phone	Years Know

List professional, trade, business or civic associations and any offices held. (Exclude memberships, which would reveal sex, race, age, origin, color, disability or other protected status)

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List any special accomplishments, publications, and awards. (Exclude memberships, which would reveal sex, race, age, origin, color, disability or other protected status)

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List any additional information you would like us to consider:

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**Applicant Schedule Availability**

Date available to start working? \_\_\_\_\_

Will you be able to meet the attendance requirements of this position? \_\_\_\_ Yes \_\_\_\_ No

Are you available to work additional days/hours if required? \_\_\_\_ Yes \_\_\_\_ No

List days that you are **unavailable** to work: \_\_\_\_\_

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List any up coming events which require time off (Ex.. internships, vacations, weddings)

Dates:

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**AUTHORIZATION FORM FOR CONSUMER REPORTS**

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original. You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.  If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

**Print your Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City: State: Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Drivers License State: License Number:** \_\_\_\_\_

The following is for identification purposes only to perform the background check:

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Gender (M or F):** \_\_\_\_\_

**Other or Former Names:** \_\_\_\_\_

**Professional License:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_

I \_\_\_\_\_, hereby authorize Autism Services, INC to conduct a background investigation.  
(print name)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Autism Services Inc.*

It is understood and agreed upon that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/ or separation from employer's services if have been employed.

I give the employer the right to investigate and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all the other persons, corporations or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considering for employment, it will be necessary to fill out a new application.

The employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire qualified individual with disability, because of this person's need for accommodation that would be required by ADA.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Autism Services Inc.*

**Statement of Confidentiality**

I understand that when I visit any home owned/or operated by Autism Services, Inc. I must maintain the confidentiality of the residents/ clients of the home. This means that I must not disclose to anyone the identity, actions, conversations or any other incident involving the clients per Confidentiality Regulations (10 NCAC 18D) as set forth by the State of North Carolina Division of Mental Health, Mental Retardation & Substance Abuse Services.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Autism Services Inc.

Autism Services, Inc. recruits, screens and places individuals to work with handicapped and/or mentally disabled persons. Our screening process includes a criminal background check, driver's license check as well as both personal and professional reference checks.

\_\_\_\_\_ Has applied with our company. He/she had designated the following areas of information to be released as part of our screening process. This information is strictly confidential and it is only to verify information deemed appropriate in our selection process.

**Dates of employment** From \_\_\_\_\_ to \_\_\_\_\_

**Job title:** \_\_\_\_\_

**Any supervisory responsibilities?**

\_\_\_\_ Yes \_\_\_\_ No. If yes, please how many? \_\_\_\_\_

**Attendance:**

\_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor

**During his/her employment were there any allegations of misconduct, abuse or insubordination?**

\_\_\_\_ Yes \_\_\_\_ No.

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

**Reason for termination:** \_\_\_\_\_

**Is he/she eligible for rehire?**

\_\_\_\_ Yes \_\_\_\_ No.

If no, give a reason \_\_\_\_\_  
\_\_\_\_\_

Other comments? \_\_\_\_\_  
\_\_\_\_\_

**Name and Title of the person completing the form**

**Date**

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I have read this realize and authorize Autism Services Inc. to conduct their required reference checks. I am hereby requesting \_\_\_\_\_ to fully cooperate t in this request. I am releasing the agency from any liability in connection with providing this information. This REALEASE OF INFORMATION is valid for a period of six months from the date of authorization.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_