

**Personal Information** 

We are an Equal Opportunity Employer and is committed to excellence through diversity. Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Legal Name	(Last,	First,	MI)

Preferred Nickname:

Address		City	State	Zip
Social Security Number		Birthdate	Gender Male 🗌 Female 🗌	
Phone Number	Mobile Number	Email Address		
Are You a U.S. Citizen?		Have You Ever Been	Convicted of a Felony?	
Yes 🗌 No [		Yes 🗌 🛛 No [		
If Selected for Employme	nt Are You Willing to Submit to	a Pre-Employment Bac	kground Check?	
Yes 🗌 No [				

Position			
Position You Are Applying For		Available Start Date	Desired Pay
Employment Desired		Part Time	
Have you completed 30 or more hours of education and/or training in Autism Spectrum Disorders, behavioral strategies, and/or evidenced based treatment?	□ Yes	□ No	

Education				
School Name	Location	Years Attended	Degree Received	Major
References				

Name	Title	Company	Phone

Employment History			
Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate	·	Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title	I	Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (5)	Job Title	1	Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	