



Employment Application

Personal Information

Name (Last, First, MI)	
Street address	
City, State, Zip	
Home phone number	Work phone number (cell)
Facsimile number	E-mail address
Social security number	Driver's license number/state/expiration
<i>(if job involves any driving)</i>	

Employment Desired

Position applied for	
How did you hear about this position?	
Date available for work	Desired hours (full time, part time, etc.)

Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):

.....

.....

Last Name, First Initial:

Today's Date:

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Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			
	City, State, Zip		Starting Salary	Ending Salary
	Phone number N/A			
	Fax number	Supervisor(s)		
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

2.	Employer	Start Date	End Date	Essential job functions of final position
	Address			
	City, State, Zip\		Starting Salary	Ending Salary
	Phone number			
	Fax number	Supervisor(s)		
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

[PLEASE CONTINUE ON NEXT PAGE]

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Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position
	Address			
	City, State, Zip		Starting Salary	Ending Salary
	Phone number			
	Fax number	Supervisor(s)		
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

4.	Employer	Start Date	End Date	Essential job functions of final position
	Address			
	City, State, Zip		Starting Salary	Ending Salary
	Phone number N/A			
	Fax number	Supervisor(s)		
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving.			
	What value did you add to this company or its customers?			

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References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Required Information

Can you provide a copy of a document that verifies you have been formally diagnosed with Autism? Yes _____ No _____ If so, please attach. Thank you.