

APPLICATION FOR EMPLOYMENT

Please complete this entire application. If employed, this will become part of your permanent record. Working With Autism, Inc. (WWA) is an equal opportunity employer and will not discriminate or tolerate discrimination against any applicant or employee in any manner prohibited by law. Disabled applicants needing or requesting accommodation to complete this application should immediately notify the person who provided this application.

All information provided in this application will be subject to verification. By signing the application, you authorize Working With Autism, Inc. (WWA) to verify the information, and release all parties and persons from liability for any damages that may result from furnishing such information.

PERSONAL	
NAME	TODAY'S DATE
HOME PHONE #	OTHER PHONE #
STREET ADDRESS	EMAIL ADDRESS
CITY	STATE /ZIP CODE
HAVE YOU EVER USED ANY NAMES OTHER THAN NOTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE LIST:	

EMPLOYMENT							
DATE AVAILABLE TO START	RATE DESIRED \$						
DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE VALID AUTO INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH WWA BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", WHEN?						
HAVE YOU EVER BEEN EMPLOYED BY WWA BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", WHEN? NAME OF SUPERVISOR						
IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT DOCUMENTATION TO VERIFY YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO							
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT REASONABLE ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO							
PLEASE NOTE YOUR AVAILABILITY BELOW:							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
STARTING							
ENDING							
CAN YOU MEET THE ATTENDANCE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING? IF "NO", PLEASE DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE NOTE THAT REASONABLE EFFORTS WILL BE MADE TO ACCOMMODATE RELIGIOUS BELIEFS AND PRACTICES.							
<i>DUE TO THE NATURE OF THE JOB, YOU WILL BE REQUIRED TO OBTAIN CLEARANCE FROM BOTH THE FBI AND THE DEPARTMENT OF JUSTICE. ALTHOUGH A PRIOR CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT, FAILURE TO OBTAIN THE AFOREMENTIONED CLEARANCE WILL RESULT IN IMMEDIATE TERMINATION. BY SIGNING THIS APPLICATION, YOU AGREE TO IMMEDIATELY NOTIFY WWA IF YOU SHOULD BE CONVICTED OF ANY CRIME WHILE YOUR JOB APPLICATION IS PENDING OR DURING YOUR PERIOD OF EMPLOYMENT, IF HIRED.</i>							

THIS POSITION COULD REQUIRE YOU TO STAND OR SIT FOR LONG PERIODS OF TIME AND LIFT PERSONS WIGHING 50 LBS OR MORE. DO YOU FEEL YOU CAN MEET THE PHYSICAL REQUIRMENTS OF THE JOB YOU ARE APPLYING?

YES NO

PLEASE NOTE WVA DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL WITH ANY PHYSICAL HANDICAP.

EMPLOYMENT HISTORY

PLEASE COMPLETE THIS ENTIRE SECTION, EVEN IF IT IS ALREADY INCLUDED ON YOUR RESUME (DO NOT WRITE "SEE RESUME")

HAS YOUR EMPLOYMENT EVER BEEN INVOLUNTARILY TERMINATED? YES NO IF "YES", PLEASE LIST THE EMPLOYER AND THE REASON(S) FOR TERMINATION.

PRESENT POSITION

CAN WE CONTACT? YES NO

EMPLOYER

FROM _____ / _____
TO _____ / _____

PHONE #

ADDRESS

JOB TITLE AND DESCRIPTION OF DUTIES:

SUPERVISOR'S NAME

REASON FOR LEAVING

PREVIOUS POSITION

CAN WE CONTACT? YES NO

EMPLOYER

FROM _____ / _____
TO _____ / _____

PHONE #

ADDRESS

JOB TITLE AND DESCRIPTION OF DUTIES:

SUPERVISOR'S NAME

REASON FOR LEAVING

PREVIOUS POSITION

CAN WE CONTACT? YES NO

EMPLOYER

FROM _____ / _____
TO _____ / _____

PHONE #

ADDRESS

JOB TITLE AND DESCRIPTION OF DUTIES:

SUPERVISOR'S NAME

REASON FOR LEAVING

HOW DID YOU HEAR ABOUT US?

EDUCATION

TYPE OF SCHOOL	SCHOOL NAME AND LOCATION	NUMBER OF YEARS ATTENDED	GRADUATED?	MAJOR	DEGREE
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO		

PROFESSIONAL LICENSES

LICENSE/CERTIFICATE	NUMBER	STATE ISSUED	EXPIRATION DATE

REFERENCES

PLEASE LIST NAMES AND CONTACT INFORMATION OF PERSONS, NOT RELATED TO YOU, WHO YOU AUTHORIZE US TO CONTACT AND ARE WILLING TO PROVIDE A PROFESSIONAL AND/OR CHARACTER REFERENCE FOR YOU.

1. NAME	COMPANY	POSITION
RELATIONSHIP TO YOU	PHONE #	OTHER PHONE #
2. NAME	COMPANY	POSITION
RELATIONSHIP TO YOU	PHONE #	OTHER PHONE #
3. NAME	COMPANY	POSITION
RELATIONSHIP TO YOU	PHONE #	OTHER PHONE #

APPLICANT'S AFFIRMATION AND AGREEMENT

I hereby affirm that the information on this application (and accompanying resume) is true and complete to the best of my knowledge. If I am employed by Working With Autism, Inc., this document will become part of my permanent record. I also agree and understand that any misrepresentation or omission of any material information on this application, in the interviewing process, or on my resume, may preclude me from an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I agree that Working With Autism, Inc. and I shall arbitrate certain legal disputes related to my application for employment or employment with Working With Autism, Inc.

I agree that if employed, I will abide by all policies and procedures established by Working With Autism, Inc. I understand that my employment is "at will", and that Working With Autism, Inc. may terminate my employment at any time, with or without cause and with or without notice. I further understand that an employment agreement must be in writing and signed by the Clinic Director for it to be binding for either Working With Autism, Inc. or myself. I also understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

Applicant's printed name _____

Applicant's signature _____

Date _____

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize Working With Autism, Inc. and its designated agents to thoroughly investigate my background and further authorize the references I have listed to disclose to Working With Autism, Inc. or its agents any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I understand that the background investigation may include, but is not limited to, reviewing my education, employment history, criminal record, any other public or private record, and personal or professional references. In consideration for reviewing my application, I hereby waive and release Working With Autism, Inc., its designated agents, my previous employers, and all other entities and persons, and their respective employees and agents, from any and all claims I might have, including defamation and invasion of privacy, arising out of or in any way related to such investigation or disclosure.

Applicant's printed name _____

Applicant's signature _____

Date _____