



Come to learn
Come to grow
Come to celebrate

Application for Employment

Mission

The mission of the *Minnesota Autism Center* is to promote the accessibility of early, intensive, home- and school-based behavior therapy for children and youth with Autism Spectrum Disorders and to promote the general education and welfare of persons challenged by Autism Spectrum Disorders. MAC will promote participation with families and peers and the development and support of healthy families.

If you have a resume or vita that describes the same information you may attach it to this application in lieu of repeating the information. You must read and sign this application however.

Personal Information

| | | | | | |
|--|--|--|---|-----------------------------------|--|
| Last name | | First and middle names | | Social Security Number | |
| Mailing address | | | | Phone numbers (include area code) | |
| | | | | Daytime () | |
| City | | State | ZIP Code | Evening () | |
| Email address | | | | | |
| In order to allow us to adequately check your employment and education history, please state any other name(s) under which you have been employed or attended school: Preferred name: | | | | | |
| List all previous addresses for past 7 years From (month/year) to (month/year) Include city, state/province, country and zip code | | | | | |
| | | | | | |
| | | | | | |
| For which position(s) are you applying? | | | | Salary Expected: | |
| Are you applying for | | Full -Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | Date available to start work: | |
| Are you applying for | | Center-Based only <input type="checkbox"/> | Field-Based only <input type="checkbox"/> | Both <input type="checkbox"/> | Where did you hear about the position? |

Educational History

| | | | | | |
|---|------------|--|----------------------|---------|------------------------------------|
| Mark highest level completed. Some HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/> | | | | | |
| Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received. | | | | | |
| Colleges and universities attended. Attach a copy of your transcript (if available) | | | | | |
| 1) | Name | | Total Credits Earned | | Degree - Year (if any) Received |
| | City State | | Semester | Quarter | |
| 2) | Name | | Total Credits Earned | | Degree - Year (if any) Received |
| | City State | | Semester | Quarter | |
| 3) | Name | | Total Credits Earned | | Degree - Year (if any) Received |
| | City State | | Semester | Quarter | |
| List School honors, scholarships, and extra curricular activities: | | | | | |

Employment Experience

Please start with your present or most recent position. List all employers for at least the last five years. Use a separate sheet if necessary. If attaching a resume, please complete those sections not covered by your resume.

| | | | | |
|---|------------|--------|------------------------------------|----------------|
| 1) Job title | | | | |
| From (MM/YY) | To (MM/YY) | Salary | per | Hours per week |
| | | \$ | | |
| Employer's name and address | | | Supervisor's name and phone number | |
| Reason for leaving: | | | May we contact this employer? | |
| | | | May we contact this Supervisor? | |
| Describe your duties and accomplishments including total number of hours employed | | | | |
| | | | | |
| 2) Job title | | | | |
| From (MM/YY) | To (MM/YY) | Salary | per | Hours per week |
| | | \$ | | |
| Employer's name and address | | | Supervisor's name and phone number | |
| Reason for leaving: | | | May we contact this employer? | |
| | | | May we contact this Supervisor? | |
| Describe your duties and accomplishments including total number of hours employed | | | | |
| | | | | |
| 3) Job title | | | | |
| From (MM/YY) | To (MM/YY) | Salary | per | Hours per week |
| | | \$ | | |
| Employer's name and address | | | Supervisor's name and phone number | |
| Reason for leaving: | | | May we contact this employer? | |
| | | | May we contact this Supervisor? | |
| Describe your duties and accomplishments including total number of hours employed | | | | |
| | | | | |
| 4) Job title | | | | |
| From (MM/YY) | To (MM/YY) | Salary | per | Hours per week |
| | | \$ | | |
| Employer's name and address | | | Supervisor's name and phone number | |
| Reason for leaving: | | | May we contact this employer? | |
| | | | May we contact this Supervisor? | |
| Describe your duties and accomplishments including total number of hours employed | | | | |
| | | | | |

Employment Experience (continued)

Do you have experience with Applied Behavior Analysis? YES NO

Do you have experience working with a mental health service organization? YES NO

*If you answered YES to either of the above, please indicate the total hours you have accumulated working in or being supervised in a mental health experience: _____

Are you fluent in any non-English languages? If so, what language? _____

Other Qualifications

Job-related training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards.) Give dates where applicable.

General Information

Are you legally authorized to work in the U.S.? YES NO

Were you ever in the military? YES NO If yes, branch and dates of service:

Responsibilities:

Are there any reasons you may not be able to perform the duties of the job as listed on the Position Description for which you are applying? YES NO If yes, please explain:

References

Please list three references that we may contact. Do not list relatives, and please list complete names, addresses, and telephone numbers

| | | | | | | |
|----|---------|-------|----------|---------------|--|---------------|
| 1) | Name | | | Relationship | | |
| | Address | | | | | Daytime Phone |
| | City | State | Zip Code | Email Address | | |
| 2) | Name | | | Relationship | | |
| | Address | | | | | Daytime Phone |
| | City | State | Zip Code | Email Address | | |
| 3) | Name | | | Relationship | | |
| | Address | | | | | Daytime Phone |
| | City | State | Zip Code | Email Address | | |

Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application, given during an interview, or at any other time during the hiring process constitutes sufficient grounds for disqualification from further consideration for hire or immediate discharge from employment and that Minnesota Autism Center. shall not be liable in any respect if my employment is so denied or terminated.

I understand all offers for employment are conditional upon satisfactory reference and background checks, production of documents necessary for Minnesota Autism Center. to verify identity and work authorization status.

In consideration of my employment, I will agree to abide by all practices and policies of the Minnesota Autism Center. I understand my employment is at will and if an employment relationship is established, the Minnesota Autism Center. or I may terminate the relationship at any time and for any reason.

| | |
|------------------|--------------------|
| Signature | Date Signed |
|------------------|--------------------|

AVAILABILITY QUESTIONNAIRE

Name: _____ Date: _____

Please show your availability in the table below. Mark an "X" in the box when available for entire time slot or indicate start and end times when appropriate.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Morning (Indicate time, i.e. 8:00-11:30) | | | | | | | |
| Afternoon 11:30-5:00 | | | | | | | |
| Evening 5:00 and on | | | | | | | |

****Evening availability is encouraged. This position may require occasional 2 to 3 hour weekend shifts.**

What is the earliest possible date you would be available to work? _____

If you are seeking temporary employment, please indicate end date. _____

Do you have reliable transportation? _____

Please indicate the cities or areas where you prefer to work:

Do you have any allergies which would affect your working in a household? (cats, etc.)
If so, please explain.

Do you have daily access to a computer and the internet?

Signature _____ Date _____