

Application for Employment

Mission

The Minnesota Autism Center's Mission is to promote and provide home, school and center-based behavioral services for children and youth affected by Autism Spectrum Disorders. The Minnesota Autism Center promotes the general education and welfare of persons challenged by Autism Spectrum Disorders and supports the development of healthy families

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					
Are you at least the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>					
For which position(s) are you applying?				Salary Expected:	
Date available to start work:					
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).					
Colleges and universities attended.					
1)	Name	Total Credits Earned		Major(s)/ Minor	Degree Earned
	City	State			
2)	Name	Total Credits Earned		Major(s)/ Minor	Degree Earned
	City	State			
3)	Name	Total Credits Earned		Major(s)/ Minor	Degree Earned
	City	State			
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 working with individuals with special needs? YES NO

*If YES, please indicate the approximate total hours you have accumulated working with this population: _____

Please list any languages you are fluent in: _____

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

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
Morning (8:00am - 1pm)					
Afternoon 1pm - 5:00pm					

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
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