



# Employment Application

The Autism Learning Center, LLC., is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Full Name:		
Maiden Name/Other Names under which you have attended school or been employed:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Primary Phone Number:	Email:	
Are you eligible to work in the U.S.? Yes( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) Are you 18 years of age or older? Yes( <input type="checkbox"/> ) No ( <input type="checkbox"/> )		
Position Applying For: Administration RBT BCaBA BCBA (circle one)		
RBT # (if applicable)	BCaBA # (if applicable)	BCBA # (if applicable)
Are you related to a current employee? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )		
If YES, their name and relationship to you:		
How did you learn about this opportunity?		
<b>EDUCATION</b>		
What is your highest level of education? (circle all that apply) High School – Some College – Associate’s Degree – Bachelor’s Degree – Some Graduate Studies – Master’s Degree – Doctoral Degree		
Area of Study:	College Attended:	
<b>WORK EXPERIENCE</b>		
Please detail your work history. Begin with your current or most recent employer. If you held multiple positions within one organization, please list them separately. Please explain any gaps in employment.		
<b>WORK EXPERIENCE 1</b>		
Employer:	Phone Number:	
Job Title:		
Dates Employment:		
Type of Employment:	Part-Time	Full-Time (circle)
Job Duties		
Pay Rate:	Supervisors Name:	
Reason for leaving:		
May we contact? Yes( <input type="checkbox"/> ) No ( <input type="checkbox"/> )		



<b>WORK EXPERIENCE 2</b>	
Employer:	Phone Number:
Job Title:	
Dates Employment:	
Type of Employment:	Part-Time      Full-Time      (circle)
Job Duties	
Pay Rate:	Supervisors Name:
Reason for leaving:	
May we contact? Yes( ) No ( )	
<b>WORK EXPERIENCE 3</b>	
Employer:	Phone Number:
Job Title:	
Dates Employment:	
Type of Employment:	Part-Time      Full-Time      (circle)
Job Duties	
Pay Rate:	Supervisors Name:
Reason for leaving:	
May we contact? Yes( ) No ( )	
<b>WORK EXPERIENCE 4</b>	
Employer:	Phone Number:
Job Title:	
Dates Employment:	
Type of Employment:	Part-Time      Full-Time      (circle)
Job Duties	
Pay Rate:	Supervisors Name:
Reason for leaving:	
May we contact? Yes( ) No ( )	
Please explain any gaps in employment:	



**REFERENCES**

Please list 3 references, at least 2 of which are professional, that we may contact to verify work habits.

Reference 1

Name:	Job Title:	Primary Phone Number:

Reference 2

Name:	Job Title:	Primary Phone Number:

Reference 3

Name:	Job Title:	Primary Phone Number:

**PLEASE READ CAREFULLY and sign if you "agree" to all terms and conditions below.**

I certify that the information on this application and any supporting documents I applied are accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize, The Autism Learning Center to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I agree to submit to a criminal background investigation. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of The Autism Learning Center serve at-will, and the employment relationship may be terminated at any time, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company regulations. I understand that if employed I am on probation for 90 days, from my date of hire, and I would be paid for hours worked only, and would be ineligible for benefits including medical until I complete the 90 days.

Print Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

References Checked by X: \_\_\_\_\_ Date: \_\_\_\_\_