



Application for Employment

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name _____
Last First MI

Street Address _____

City/State/Zip _____

Telephone _____ E-mail _____ Social Security # _____

What source led you to make application with us?

Personal Information

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime or are there any pending charges against you?

(A conviction does not automatically bar you from employment) Yes No If yes, include details:

Employment History

Please list your **complete** employment history.

List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				

Education

Once offered a position, you will be required to submit official copies of college transcripts

College	Location	Course of Study	Degrees Earned

Please list any other skills you wish to mention: _____

What licenses do you currently hold? _____

Are you presently employed? Yes No

If so, may we contact your present employer? Yes No

If hired, when would you be available? _____

What are your salary requirements? _____

References

Please provide one professional and one personal reference, not related to you.

Name _____ Occupation _____

Address _____

City/State/Zip _____

Phone _____

Name _____ Relationship to Applicant _____

Address _____

City/State/Zip _____

Phone _____

Why are you interested in BCA? _____

What are your long term goals? _____

Please share an experience(s) where you have worked collaboratively: _____

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Brown Center for Autism shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____

