

APPLICATION FOR EMPLOYMENT

Position(s) for which you are applying _____
PERSONAL INFORMATION

Date _____ **DOB** _____ **SSN:** _____ - _____ - _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Home phone () _____ **Cell phone ()** _____

E-mail _____

EMPLOYMENT DESIRED

Employment desired FULL-TIME ONLY PART-TIME ONLY (If PT positions are available)

When are you available to start work?

If PT, please list your availability:

MON: _____ TUES: _____ WED: _____ THURS: _____ FRI: _____

EDUCATION- If hired, transcripts must be provided within 30 days.

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	DEGREE/MAJOR	YEARS COMPLETED	YEAR GRADUATED
High School				
College/ University				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From To	Start Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? YES NO If no, why?

Name of Employer
Address

Name of last
supervisor

Employment
dates

Pay or salary

City, State, Zip
Phone number

From
To

Start
Final

Your Last Job Title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? YES NO If no, why?

Name of Employer
Address

Name of last
supervisor

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City, State, Zip
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From
To

Start
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Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? YES NO If no why?

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From To	Start Final
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If no why?			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did? _____			
Are you legally eligible to work in the United States?			
Are you able to perform without reasonable accommodation, the essential job functions of the position?			
BACKGROUND INFORMATION			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you, or have you ever been, listed on a sex offender registry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been found guilty, accepted a guilty or entered a plea of no-contest for <u>any</u> criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever resigned or been asked to resign from a position to prevent termination from that position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been the subject of an investigation into wrong doing or other formal proceeding resulting in disciplinary or criminal action? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes to any of the above questions, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.			

*Responding yes to any of the above questions does not disbar you from employment. The date of the offense and the relationship between the offense or infraction and the position for which you are applying will be considered.

Have you ever been employed with FACE? Yes No

If yes, when? _____

Do you have any friends or relatives employed by FACE? Yes No

If yes, please provide their names and relationship to you. _____

REFERENCES

Please list below three persons not related to you who have knowledge of your professional work performance and/or personal qualifications within the last 5 years.

Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	
Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	
Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	

HONORS AND DISTINCTIONS

Please list below any honors and distinctions you have received.

Are you currently under contract or have an agreement to earn from any District?

CERTIFICATIONS AND ENDORSEMENTS

Please list below all certifications and endorsements you have received.

APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job application by The Florida Autism Center of Excellence (hereinafter called "FACE"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other FACE practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of FACE , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Principal of the school. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that FACE may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give FACE permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release FACE from any liability as a result of such contract.

I also understand that (1) FACE has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, FACE may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, FACE, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment with FACE shall be probationary for a period of sixty (90) days, and further that at any time during the probationary period or thereafter, my employment relation with FACE is terminable at will for any reason by either party.

I have reviewed the position description and understand the requirements of the position.

Signature _____

Date _____