# Employment Application:

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| Last Name: | First Name: | Middle Initial: |
| Site Preference: ⃞ Beaverton ⃞ Milwaukie ⃞ Parkrose |
|  ⃞ New Employee ⃞ Returning | Years Employed at ACAP:  |
| Are you at least 18 years of age? ⃞ Yes ⃞ No |
| Street Address: |
| City: | State: | Zip: |
| Phone: | E-mail (This email will need to be checked frequently): |
| Applying for the position of: ▢ Site Supervisor ▢ Teacher ▢ Assistant |
| Do you hold a valid teaching license? ⃞ Yes ⃞ No  | State: | SpEd: ⃞Yes ⃞ No |
| Requesting: ⃞ Full time ⃞ Part-time | Days available: ⃞ M ⃞ Tu ⃞ W ⃞ Th ⃞ F |
| Submission of this application implies that you are available for the duration of the program. However, if you know that you will not be available, please list specific dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| T-Shirt - please indicate youth or adult **and** what size: ⃞ Youth **or** ⃞ AdultSize: ⃞ Small ⃞ Medium ⃞ Large ⃞ X ⃞ XXL ⃞ XXXL  |

**You must have a current First Aid/CPR certification to work at ACAP. It is your responsibility to have this certification prior to employment. ACAP will not provide this training.**

**Training and Experience**

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| --- | --- |
| Do you hold a current CPR/First Aid Card? ⃞ No ⃞ Yes  | Expiration date: |
| Training: List any training you have received, for example ASD, Safety Care, CPI, OIS, and etc.Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Background History**

|  |  |
| --- | --- |
| Have you ever been convicted of a felony? |  ⃞ Yes ⃞ No |
| If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| All ACAP employees are required to submit to a criminal background check and, possibly, to have fingerprints on file. Will you consent to a full criminal background check? |  ⃞ Yes ⃞ No |
| Have you had any founded reports of child abuse or substantiated adult abuse?  |  ⃞ Yes ⃞ No |
| Are you currently awaiting trial for a criminal offense?  |  ⃞ Yes ⃞ No |
| Will you provide fingerprints, if needed, at your own expense? |  ⃞ Yes ⃞ No |

**Work Experience**

List your previous work experience, beginning with the most recent:

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| --- | --- |
| **#1** Employer: | Phone: |
| Supervisor’s Name: | Reason for leaving: |
| Job description/duties: |
| Start Date: | End Date: | Pay Rate: | May we contact? ⃞ Yes ⃞ No |

|  |  |
| --- | --- |
| **#2** Employer: | Phone: |
| Supervisor’s Name: | Reason for leaving: |
| Job description/duties: |
| Start Date: | End Date: | Pay Rate: | May we contact? ⃞ Yes ⃞ No |

|  |  |
| --- | --- |
| **#3** Employer: | Phone: |
| Supervisor’s Name: | Reason for leaving: |
| Job description/duties: |
| Start Date: | End Date: | Pay Rate: | May we contact? ⃞ Yes ⃞ No |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| High School | City, State | Year Completed: | Diploma: ⃞ Yes ⃞ No |
| College | City, State | Year Completed: | Degree: ⃞ Yes ⃞ No |
| College | City, State | Year Completed: | Degree: ⃞ Yes ⃞ No |

**Employee Statement**

The facts set forth in this application are true and correct. I understand that any omission or misrepresentation of facts may result in refusal or termination of employment, regardless of when such omission or misrepresentation is disclosed.

I authorize Autistic Community Activity Program to check references and other information listed above, including a criminal background check. I authorize the listed employers to give ACAP any and all information concerning my previous employment, education and background that they may have, in consideration of my employment. I agree to conform to the rules and regulations of ACAP. I agree that my employment is at-will and I may be terminated with or without notice, at any time, at the option of either ACAP or myself. This at-will agreement is the entire understanding between ACAP and me concerning the nature of my employment.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**For HR Use Only**

|  |  |
| --- | --- |
| Arrange Interview: ⃞ Yes ⃞ No | Date of Interview: |
| Comments: |
| Hired: ⃞ Yes ⃞ No | Hire Date: |
| Hourly Rate: | Site: |