



DATE: \_\_\_\_\_

**acapinformation@gmail.com**

## WORK EXPERIENCE

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

#1 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job description/duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ May we contact? Y\_\_\_\_ N\_\_\_\_

#2 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job description/duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ May we contact? Y\_\_\_\_ N\_\_\_\_

#3 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job description/duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ May we contact? Y\_\_\_\_ N\_\_\_\_

## EDUCATION AND TRAINING

High School: \_\_\_\_\_ City/State: \_\_\_\_\_ Completed: \_\_\_\_\_ Diploma? Y N

College: \_\_\_\_\_ City/State: \_\_\_\_\_ Completed: \_\_\_\_\_ Degree? Y N

College: \_\_\_\_\_ City/State: \_\_\_\_\_ Completed: \_\_\_\_\_ Degree? Y N

### **You must have a current First Aid/CPR certification to work at ACAP.**

Do you hold a current CPR/First Aid Card? No: \_\_\_\_\_ Yes: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Please list any additional skills and/or training that may pertain to working with people with autism:

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## 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 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 commitment 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 commitment.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

For HR Use ONLY

Arrange Interview \_\_\_Yes \_\_\_No

Date of Interview \_\_\_\_\_

Comments \_\_\_\_\_

Hired: \_\_\_Yes \_\_\_No Hire Date: \_\_\_\_\_

Site: \_\_\_\_\_