

AUTISM SERVICES CENTER

BOARD OF DIRECTORS

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Thank you for your interest in Autism Services Center (ASC) as a prospective employer. Your interest in our agency and its mission is greatly appreciated. Please read the following before continuing the employment application process.

Autism Services Center is an Equal Employment Opportunity/Affirmative Action employer and is therefore subject to certain governmental recordkeeping and reporting requirements. Applicants, who voluntarily self-identify their race, color, sex, national origin and veteran's status, allow ASC the ability to comply with state and federal regulations.

The information gathered on this form, other than name and position for which you have applied, is for statistical and affirmative action purposes only and does not influence employment decisions. This page is separated from your application immediately upon being received, and will be kept confidential. The second half of this form is to be completed voluntarily.

Date:

Position (s) of Interest:

How did you learn about the position for which you are applying:

**** The Following is a Voluntary Survey for EEO Statistical Purposes Only ****

Sex: Male

☐

Female

☐

Ethnic Group:

- ☐ White/Caucasian (Non Hispanic/Latino) - all persons having origins in any of the original people of Europe, North Africa or the Middle East
- ☐ Black /African American - all persons having origins in any of the black racial groups of Africa
- ☐ Hispanic/Latino - All persons of Mexican, Puerto Rican, Cuban, Central or South America, Spanish or Portuguese culture or origin
- ☐ Native Hawaiian/Pacific Islander - any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ Asian - all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam
- ☐ American Indian/Alaskan Native - all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community
- ☐ Two or More Races - all persons who identify with more than one of the above races, please also mark the race with which you most identify

Military

☐

Active

☐

Inactive

☐

Retired

☐

N/A

Veteran

☐

Vietnam Era

☐

Gulf War

☐

Disabled

☐

Other

US Reserves/Coast Guard Status:

☐

Active

☐

Inactive

Do you have any disabilities? (If so, please indicate disability)

☐

Yes

☐

No



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, age, marital or veteran status, the presence of non-job-related medical condition or diversities or any other legally protected status.

Last Name:	<input type="text"/>	First Name :	<input type="text"/>	MI:	<input type="text"/>	Date:	<input type="text"/>
Street Address:	<input type="text"/>	APT #	<input type="text"/>	Home Ph. #:	<input type="text"/>		
City:	<input type="text"/>	Email:	<input type="text"/>				
State:	<input type="text"/>	Work Phone:	<input type="text"/>				
Postal Code:	<input type="text"/>	SSN:	<input type="text"/>				
Have you ever applied for employment with us?	<input type="text"/>	U.S. Citizen?	<input type="text"/>				
Position Desired:	<input type="text"/>	Are you willing to work weekends?	<input type="text"/>	Overtime:	<input type="text"/>		
Preference of Shift:	<input type="text"/>	Are you at least 18 years of age?	<input type="text"/>				
*If applying for Direct Care Staff, please name the Autism Services Center employee who referred you to our agency. (If applicable)			Referred by:	<input type="text"/>			

EDUCATION:

* Employment is subject to verification of age.

	Name and Location of School	Course of Study	Yrs. comp.	Graduate	Degree / Diploma
Graduate:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bus/Trade/Tech:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership in Professional, Community or Civic Organizations
(You may exclude those which may disclose your race, color, religion or national origin)



APPLICATION FOR EMPLOYMENT

References:

Please list two (2) professional references and one (1) personal reference.

Relationship:	<input type="text"/>	Phone Number:	<input type="text"/>
Company:	<input type="text"/>		
Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

Relationship:	<input type="text"/>	Phone Number:	<input type="text"/>
Company:	<input type="text"/>		
Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

Relationship:	<input type="text"/>	Phone Number:	<input type="text"/>
Company:	<input type="text"/>		
Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>



APPLICATION FOR EMPLOYMENT

Previous Employment

Company:	<input type="text"/>	Phone Number:	<input type="text"/>		
Address:	<input type="text"/>	Starting Salary	<input type="text"/>	Hr or Yr	<input type="text"/>
Job Title:	<input type="text"/>	Ending Salary	<input type="text"/>	Hr or Yr	<input type="text"/>
Responsibilities:	<input type="text"/>	Name of Supervisor:	<input type="text"/>		
Reason for Leaving:	<input type="text"/>	May we contact your previous supervisor for a reference?	<input type="text"/>		
Hire Date:	<input type="text"/>	End Date:	<input type="text"/>		

Company:	<input type="text"/>	Phone Number:	<input type="text"/>		
Address:	<input type="text"/>	Starting Salary	<input type="text"/>	Hr or Yr	<input type="text"/>
Job Title:	<input type="text"/>	Ending Salary	<input type="text"/>	Hr or Yr	<input type="text"/>
Responsibilities:	<input type="text"/>	Name of Supervisor:	<input type="text"/>		
Reason for Leaving:	<input type="text"/>	May we contact your previous supervisor for a reference?	<input type="text"/>		
Hire Date:	<input type="text"/>	End Date:	<input type="text"/>		

Company:	<input type="text"/>	Phone Number:	<input type="text"/>		
Address:	<input type="text"/>	Starting Salary	<input type="text"/>	Hr or Yr	<input type="text"/>
Job Title:	<input type="text"/>	Ending Salary	<input type="text"/>	Hr or Yr	<input type="text"/>
Responsibilities:	<input type="text"/>	Name of Supervisor:	<input type="text"/>		
Reason for Leaving:	<input type="text"/>	May we contact your previous supervisor for a reference?	<input type="text"/>		
Hire Date:	<input type="text"/>	End Date:	<input type="text"/>		



APPLICATION FOR EMPLOYMENT

Work Availability

ASC requires each employee to be available to work a minimum of 24 hours weekly and 16 hours of weekend/overnight availability is necessary.

Hours per week you can work:

Additional Information

Have you ever been charged or convicted of any crime or felony?

If "Yes", describe in full. (Such conviction may be relevant if job-related)

Please check yes or no to the following questions:

Do you have and automobile ?

Do you have auto insurance ?

Are you willing to transport clients ?

Drivers License #:

Expiration Date:

Disclaimer and Signature

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal opportunity Employer. The Employer does not discriminate in employment and no question on this application if used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only six (6) months. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

All applications become the property of Autism Services Center and are maintained in agency file for a period of six (6) months.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature :

Date:

* Print this document: