

10503 Metric Drive
Dallas, TX 75243
(972) 644-2076

AUTISTIC TREATMENT CENTER, INC.
APPLICATION FOR EMPLOYMENT
TO BE CONSIDERED, ALL QUESTIONS MUST BE ANSWERED

16111 Nacogdoches Road
San Antonio, TX 78247
(210) 590-8132

The Autistic Treatment Center has a zero tolerance philosophy regarding abuse and neglect.

A. APPLICANT SUMMARY

NAME: _____ Date: _____
Last First Middle MM/DD/YY

ADDRESS: _____
Street Apt. # City State Zip Code

HOME PHONE: _____ MOBILE/BEEPER: _____

SOCIAL SECURITY: _____ WORK PHONE: _____

- Are you currently employed? Yes No
- May we contact you at work? Yes No
- Some positions require you to be 21 years of age. Are you at least 21 years of age? Yes No
- Some positions require you to drive company vehicles. Do you have a valid Texas Driver's License? Yes No
Have you had more than 2 tickets or accidents in the past 3 years? Yes No
- Have you ever been convicted of a misdemeanor or Felony? Yes No
If yes please explain: _____

(A conviction will not necessarily be a barrier to employment. Each case will be reviewed in relation to the position for which you are applying.)

6. Have you ever been confirmed of abuse or neglect? Yes No If yes, please explain: _____

7. REFERRED BY

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> ATC Web Site | <input type="checkbox"/> Employment Showcase | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> TWC | <input type="checkbox"/> Newspaper - _____ | <input type="checkbox"/> Colleges - _____ | |
| <input type="checkbox"/> Employment Referral | <input type="checkbox"/> Chamber of Commerce - _____ | <input type="checkbox"/> Employment Publications - _____ | |

8. Are you related to anyone now employed at ATC? Yes No If yes, who? _____

B. EMPLOYMENT INFORMATION

1. Have you applied here before? Yes No If yes, the date of previous application: _____

2. Have you been employed here before? Yes No If yes, the date of employment: _____

3. I am available during: Days Evenings Overnights Weekends (check all that apply)

4. Will you work overtime if asked? Yes No

5. I am considering: Full Time Part Time Summer Only Temporary (check all that apply)

6. I can start: _____ 7. Position Desired: _____

8. Minimum Salary Requirements: _____

9. Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship of immigration status will be required upon employment.)

The Civil Rights Act of 1964 and other legislation prohibits discrimination because of race, color, sex, religion, national origin, age or disability.

C. EMPLOYMENT HISTORY

From (Mo. & Yr.)	Employer Name	Telephone ()
To (Mo. & Yr.	Address	Job Title
Start Position	City, State, Zip Code	Main Duties
End Position	Supervisor's Name & Title	
Start Salary	Reason For Leaving ___ Voluntary ___ Involuntary Explain	What did you like most?
End Salary		What did you like least?
From (Mo. & Yr.)	Employer Name	Telephone ()
To (Mo. & Yr.	Address	Job Title
Start Position	City, State, Zip Code	Main Duties
End Position	Supervisor's Name & Title	
Start Salary	Reason For Leaving ___ Voluntary ___ Involuntary Explain	What did you like most?
End Salary		What did you like least?
From (Mo. & Yr.)	Employer Name	Telephone ()
To (Mo. & Yr.	Address	Job Title
Start Position	City, State, Zip Code	Main Duties
End Position	Supervisor's Name & Title	
Start Salary	Reason For Leaving ___ Voluntary ___ Involuntary Explain	What did you like most?
End Salary		What did you like least?

May we contact your current employer? ___ Yes ___ No

D. ADDITIONAL INFORMATION

Describe any professional, trade, business or civic activities, volunteer work and any office held.
Please exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status.

E. EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE/ DIPLOMA
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/ Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				

F. TRAINING & DEVELOPMENT, SKILLS DATA & LICENSES

Describe any specialized training, apprenticeship, or skills.

G. MILITARY SERVICE

Describe any job-related training received in the military.

H. REFERENCES

Provide at least three (3) working daytime numbers for verification purposes.

1. Name: _____	Occupation: _____
Relationship to you: _____	Ph. Number(s): _____
2. Name: _____	Occupation: _____
Relationship to you: _____	Ph. Number(s): _____
3. Name: _____	Occupation: _____
Relationship to you: _____	Ph. Number(s): _____
4. Name: _____	Occupation: _____
Relationship to you: _____	Ph. Number(s): _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

Employment at the Autistic Treatment Center is on an at-will basis. This means that an employee has the right to resign his/her position at any time for any reason, with or without cause, and it also means that the Autistic Treatment Center has the right to terminate any employee at any time, with or without cause. Managers or supervisors do not have the authority to enter into any contract or agreement, either expressed or implied, with an employee which would in any way alter the at-will basis of employment.

I understand that I need to successfully complete the interview process and the testing requirements for this position. I agree, if I am made a job offer, to submit to a substance abuse test, a criminal history check, an abuse/neglect history check, a review of my driving record and any job-related physical assessment according to the policies of the Autistic Treatment Center.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination from the employer's service, whenever it is discovered.

I give the Autistic Treatment Center the right to contact and obtain information from all references, employers, educational institution and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The Autistic Treatment Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

Signature: _____ Date: _____

***You will be contacted by phone or by mail regarding the status of your application. NO PHONE CALLS PLEASE.
--Human Resource Department***

EMPLOYERS USE ONLY

INITIAL SCREENING

Forward Application: Yes No Reason: _____

To: _____