

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: _____ Today's Date: _____
Last First Middle MM/DD/YY

ADDRESS: _____
Street Apt. # City State Zip Code

HOME / CELL PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY: _____ EMAIL ADDRESS: _____

1. Are you currently employed? Yes No 2. May we contact you at work? Yes No
3. Some positions require you to be 21 years of age. Are you at least 21 years of age? Yes No
4. 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
5. 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 or 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.

- Name: _____ Occupation: _____
Relationship to you: _____ Ph. Number(s): _____
- Name: _____ Occupation: _____
Relationship to you: _____ Ph. Number(s): _____
- Name: _____ Occupation: _____
Relationship to you: _____ Ph. Number(s): _____
- 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, an Office of the Inspector General and Office of the Attorney General 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 email if there is an interest in your application.

NO PHONE CALLS PLEASE.

--Human Resource Department

EMPLOYERS USE ONLY

INITIAL SCREENING

Forward Application: Yes No Reason: _____

To: _____

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF Texas
COUNTY OF Dallas

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____