

# CINCINNATI CENTER FOR AUTISM

## Employment Application



APPLICANT INFORMATION											
Last Name					First				M.I.	Date	
Street Address							Apartment/Unit #				
City					State				ZIP		
Phone					E-mail Address						
Date Available					Desired Salary						
Position Applied for											
How did you learn about this position?											
If hired, can you provide proof of identity and authorization to work in the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you now, or will you in the future, require sponsorship to work at CCA?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a crime? <small>Criminal history won't necessarily disqualify an applicant from employment</small>				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:					
EDUCATION											
High School					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES											
<i>Please list three professional references.</i>											
Full Name					Relationship						
Company					Phone						
Address											
Full Name					Relationship						
Company					Phone						
Address											
Full Name					Relationship						
Company					Phone						
Address											

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

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
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