Palm Beach School for Autism

Application for Employment

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

PLEASE PRINT CLEARLY

Name: _____ Position Applied For: _____

Phone: (H)_____(C): _____ Email:_____

Present Address: _____ How long have you lived there? _____
Street, City, State, Zip Code Years/Months

Previous Address:_____ How long have you lived there? _____
Street, City, State, Zip Code Years/Months

Previous Address:_____ How long have you lived there? _____
Street, City, State, Zip Code Years/Months

Desired Salary/Hourly Rate: _____ Date available to start if hired: _____

Have you ever worked with children? ☐ Yes ☐ No If yes, in what capacity? _____

Have you previously applied for employment with this school? ☐ Yes ☐ No

Have you ever pled guilty, no contest, or been convicted of any criminal offense? ☐ Yes ☐ No

Have you ever been arrested for any matters for which you are out on bail or on your own pending trial? ☐ Yes ☐ No

Skills (List all special skills that you feel qualify you for the position): _____
_____

EDUCATION	SCHOOL NAME AND LOCATION	COURSE OF STUDY	GRADUATED?	# OF YEARS COMPLETED	DEGREE/ MAJOR
HIGH SCHOOL					
COLLEGE					
BUS./TECH/TRADE OR POST COLLEGE					

Honors Received: _____

Work Experience: Please list the names of your present or previous employers. (If you have a resume, please attach it and skip this section).

Employer: _____ Address:_____
Type of Business: _____ Phone Number: _____
Dates of Employment (From/To): _____ Job Title:_____
Supervisor: _____ Contact #: _____
May we contact this employer? ☐ Yes ☐ No Reason for Leaving: _____

Employer: _____ Address:_____
Type of Business: _____ Phone Number: _____
Dates of Employment (From/To): _____ Job Title:_____
Supervisor: _____ Contact #: _____
May we contact this employer? ☐ Yes ☐ No Reason for Leaving: _____

Employer: _____ Address:_____
Type of Business: _____ Phone Number: _____
Dates of Employment (From/To): _____ Job Title:_____
Supervisor: _____ Contact #: _____
May we contact this employer? ☐ Yes ☐ No Reason for Leaving: _____

Please explain fully all gaps in your employment history in excess of one month:_____
_____
_____

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No
If yes, please explain: _____
_____

REFERENCES:

<u>Please list the names of Professional Contacts</u>

Name: _____Phone: _____ Company: _____
Name: _____Phone: _____ Company: _____

<u>Please list name of Personal Contact</u>

Name: _____Phone: _____ Relationship: _____

<u>Please list name of Family Contact</u>

Name: _____Phone: _____ Relationship: _____

If hired by Palm Beach School for Autism, I understand that I will be required to provide genuine documentation establishing both my identity and eligibility to be legally employed in the United States. I also understand that the Palm Beach School for Autism only employs individuals who are legally eligible to work in the United States.

I certify that all of the information that I have provided on this application is true, accurate, and complete.

Applicant's Signature: _____ Date: _____