



# Autism Academy of SC

## Employment Application

1. PLEASE TYPE OR PRINT LEGIBLY IN INK ALL INFORMATION EXCEPT YOUR SIGNATURE.
2. PLEASE COMPLETE EVERY SECTION OF THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
3. THIS APPLICATION MUST SIGNED BY THE APPLICANT ON PAGE 5.
4. PLEASE ATTACH A COVER LETTER AND RESUME OUTLINING YOUR EDUCATION AND EMPLOYMENT HISTORY.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Do you have a valid driver's license? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain:

**Emergency Contact #1**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact #2**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Address: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Disclaimer and Signature**

1. I affirm, agree and/or understand all statements on this form are true and accurate; and any misrepresentation or omission of facts may result in exclusion from further consideration and/or, if hired, termination of employment. If I have requested that my present employer not be contacted, I understand an offer of employment may be contingent upon information and verification of other former employers, prior to beginning work.

2. All Autism Academy of South Carolina employment offers are contingent upon successful completion of a background check. **Your signature on this offer letter shall serve as your consent allowing the Autism Academy of South Carolina or its agents to preform both preliminary and ongoing investigation of your fitness for employment, including: satisfactory reference checks; criminal background check; credit report check; motor vehicle check; education verification, salary verification and drug screening.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EEO STATEMENT:** *The Autism Academy of South Carolina is an equal opportunity employer, and does not discriminate with regard to race, color, military status, religion, sex, national origin, age, or any legally defined disability to a qualified applicant or other status as protected by law.*