

U.S. Military or Naval Service _____ Rank: _____ National Guard/Reserves _____

Have you ever applied or worked for California Autism Foundation before? Yes No

If yes, when? _____

Do you have any friends or relatives working for California Autism Foundation? Yes No

If yes, state name (s) and relationship _____

Have you ever been convicted of a criminal offense, felony or misdemeanor? Yes No

If yes, state nature of the crime (s), when and where convicted and disposition of the case.

(Conviction of a criminal offense will not necessarily bar you from employment here. By law, your fingerprints must be submitted to the Federal Bureau of Investigation. If you disclose offenses on this application form, special consideration can be given to their nature and circumstances. Failure to make full disclosure will cause CAF to require your immediate termination of employment.)

Employment History

List all employment of the past five years, starting with the most recent. Please complete this section even if attaching a resume.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Supervisor's Name _____ Telephone No. _____
Area Code

Your Position and Duties _____

Date of Employment: From _____ To _____ Hourly Wage: Starting _____ Ending _____

Reason for Leaving _____

May we contact your employer? Yes No

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Supervisor's Name _____ Telephone No. _____

Your Position and Duties _____

Date of Employment: From _____ To _____ Hourly Wage: Starting _____ Ending _____

Reason for Leaving _____

May we contact your employer? Yes No

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Supervisor's Name _____ Telephone No. _____

Area Code

Your Position and Duties _____

Date of Employment: From _____ To _____ Hourly Wage: Starting _____ Ending _____

Reason for Leaving _____

May we contact your employer? Yes No

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Supervisor's Name _____ Telephone No. _____

Area Code

Your Position and Duties _____

Date of Employment: From _____ To _____ Hourly Wage: Starting _____ Ending _____

Reason for Leaving _____

May we contact your employer? Yes No

References

Give below the names of three persons not related to you whom you have known for a minimum of one year, and be sure to include phone numbers.

Name:	Address:	Phone:	Relationship:
1.			
2.			
3.			

Do you have a disability or physical condition(s) that may limit the duties to which you can be assigned?

Yes No

If so, are you requesting that an accommodation be made under the Americans with Disabilities Act?

Yes No

Are you related to anyone served by the Regional Center System? Yes No

Have you ever been investigated by Community Care licensing? Yes No

If yes to any of these, please explain:

Next of kin for emergencies:

Name _____

Address _____

Phone _____

Relationship _____

“I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of relevant facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, be terminated at any time without any previous notice, regardless of the date of payment of my wages and salary. I agree to abide by the rules of the California Autism Foundation set forth in the Personnel Policies and Staff Manual. I agree to submit an authenticated fingerprint card, evidence of good health, T.B. test result, and a D.M.V. Driving Record before reporting to work.”

Signature _____

Date _____