



CALIFORNIA  
**AutismFoundation**  
 COMMITTED TO EXCELLENCE

4075 LAKESIDE DRIVE, RICHMOND, CALIFORNIA 94806  
 PHONE: (510) 758-0433, FAX (510) 758-1040

**APPLICATION FOR EMPLOYMENT**

Please Print

NAME: \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

Are you at least 21 years of age?  YES  NO

Do you have a valid Driver's License?  YES  NO

If you are not a U.S. Citizen, do you have the legal right to remain permanently in the U.S.?  YES  NO

Do you have the legal right to work in the U.S.?  YES  NO

Are you employed now?  Yes  No If so, may contact your employer?  YES  NO

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?
<u>High School</u>			
<u>College</u>			
<u>Trade School</u>			

Employment Desired: Are you applying for

Regular full-time work?  Regular part-time work?  Temporary work (e.g., summer or holiday work)?

What days and hours are you available for work? \_\_\_\_\_

Why are you applying for work at the California Autism Foundation? \_\_\_\_\_

If hired, do you have a reliable means of transportation to and from work?  YES  NO

Are you at least 18 years of age?  YES  NO

Can you present evidence of your U.S. citizenship or proof of your legal right to live and working this country?  YES  NO

Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation?  YES  NO

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: \_\_\_\_\_

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 you answered yes to EITHER of these last two questions, please explain:


Have you ever been convicted of a criminal offense, felony or misdemeanor?  YES  NO

If yes, state below the nature of the crime (s), when and where convicted, and the disposition of the case. A criminal clearance is required by Community Care Licensing for any employee who has contact with our clients. We will do a background check and Live Scan fingerprinting on all prospective employees. *(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 the following section even if attaching a resume.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_  
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

**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 and relationship:	Address:	Phone #:
1.		
2.		
3.		

                     1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

*Initials*

                     2. I hereby authorize investigation of all statements and records contained in this application and I authorize all references I have listed to disclose to CAF any and all information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the California Autism Foundation, my former employers and all other persons, corporations, partnerships and associations from any and all claims arising out of or in any way related to such investigation or disclosure.

*Initials*

                     3. Further, I understand and agree that my employment is *at-will* and for no definite period and may be terminated at any time without any previous notice at the option of the California Autism Foundation or myself, and that no promises or representation contrary to the foregoing are binding on CAF unless made in writing and signed by me and the agency's representative. 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 printout before reporting to work.

*Initials*

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

# CALIFORNIA AUTISM FOUNDATION

## Pre-Employment Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Dept: \_\_\_\_\_

*Please print in clearly in ink and answer all questions to the best of your ability. Questions that do not apply to you answer "N/A". Please ask for additional paper if you need more space to answer the questions. This not a test we are simply trying to get to know you better.*

1) Have you had any experience working with individuals with autism or other disabilities? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What are your feelings about a person that is diagnosed with a developmental disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What role do you exercise as a Direct Support Professional, Vocational Counselor or Supportive Living Professional? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) What type of special training or certificates have you received in this field? **Please give training types/dates.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) How do you feel about clients being out in the community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) In your opinion, what types of community activities are appropriate for developmentally disabled clients?

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7) What rights do you think clients should have? \_\_\_\_\_

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8) If you were out in the community with a client and they began attacking you and other people, what would you do? \_\_\_\_\_

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9) Define a "Team Player". \_\_\_\_\_

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10) How do you feel about assisting a disabled client with personal hygiene, such as cleaning up accidents, toileting, bathing, etc? \_\_\_\_\_

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11) If you witnessed misconduct performed by an employee or supervisor, would you report it? Yes No

Explain \_\_\_\_\_

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12) What procedures would you take if you had concerns regarding work-related issues? \_\_\_\_\_

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13) If an employee confided in you regarding an issue with work performance and expressed feelings about the supervisor, what would be your response? \_\_\_\_\_

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14) If a client's parent(s), caseworker, community care analyst or an individual from the community had a complaint or question, what would be your response? \_\_\_\_\_

15) Why should the California Autism Foundation hire you? Please explain. \_\_\_\_\_

# REQUEST FOR RELEASE OF DRIVING RECORD TO EMPLOYER

Fax or Mail to: Diversified Risk/HUB International  
FAX: (925) 609-6550

ATTN: HUB

<u>Date:</u>			
<u>Your Name (Requestor):</u>  Tera Walker		<u>Name of Employer:</u>  California Autism Foundation	
<u>Job Applicant/Employee Name:</u>	<u>Driver License #:</u>	<u>State:</u>	
	<u>Date of Birth (Not required in California)</u>		
	Note: Diversified Risk can not obtain MVR print-outs in Alaska, Arkansas, Georgia and Washington. Call us to discuss alternatives.		
<p>Consumer reports may be obtained as part of the Employer's evaluation of my job application/employment. The reports may be procured by Diversified Risk Insurance Brokers, and may include my driving record, an assessment of my insurability under the Employer's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Employer to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.</p>			
_____		_____	
<i>Signature of Job Applicant/Employee</i>		<i>Date</i>	