



4138 Lakeside Drive, RICHMOND, CALIFORNIA 94806

CAF main office: 510-758-0433

ABC School line: (510) 262-1500

Please Print

APPLICATION FOR EMPLOYMENT

Date: _____

NAME:

LAST FIRST MI

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME/CELL PHONE: _____ EMAIL: _____

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.

GRADUATE?

YEARS

ATTENDED

<u>High School</u>			
<u>College</u>			
<u>Trade School</u>			

Employment Desired:

Regular full-time work ☐ Regular part-time work ☐ Temporary 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:

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 _____

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 _____

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 _____

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 _____

Reason for Leaving:

May we contact your employer? ☐ YES ☐ NO

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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.

Address: Name and relationship:

Phone #:

1.		
2.		
3.		

Initials

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.

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 is 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?

7) What rights do you think clients should have?

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

9) Define a "Team Player".

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

11) If you witnessed misconduct performed by an employee or supervisor, would you report it? ↑

Yes ___ No ___ Please explain:

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

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

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
ATTN: HUB
FAX: (925) 609-6550

<u>Date:</u>			
<u>Your Name (Requestor):</u> Jane Martin		<u>Name of Employer:</u> California Autism Foundation	
<u>Job Applicant/Employee Name Print:</u> 	<u>Driver License #:</u> 		<u>State:</u>
	<u>Date of Birth</u> (Not required in California) 		
	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 coverage's 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>			
<hr/> Signature of Job Applicant/Employee		<hr/> Date	