## **South Shore Autism Center**

## **Employment Application**

		App	licant	Information				
Full Name:	e:				Date:			
	Last	Fir	st		M.I.			
Address:								
	Street Address					Apartment/Un	it#	
	City				State	ZIP Code		
Phone:				Email				
Date								
Available:	Social S	Security	No.:_		Desired	Salary: <u>\$</u>		
Position April for:	oplied 							
Are you see	eking a part-time or full-tim	ne positi	on (fu	ll-time is 36-40	) hours/week)?			
	e, please indicate the maxim neluding Saturdays.	num nun	nber o	f hours you are	e available, and	the days/times you a	re	
Are you a	citizen of the United States?		NO 	If no, are y	ou authorized t	to work in the YES U.S.?	NO	
Have you e company?	ever worked for this	YES	NO	If yes, when?				
Have you e felony?	ever been convicted of a	YES	NO					
If yes, explain:								
			Edu	ıcation				
High School	ol:	A	Addres	s:				
From:	To: Di	d vou gr	aduate		Diploma:			

College:	Address:
From: To:	YES NO Did you graduate?  Degree:
Other:	Address:
From: To:	YES NO Did you graduate?
	References
Please list three professional refere	ences.
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	
Address:	
	Previous Employment
Company:	Phone:
A 41	Supervisor:
Job Title:	
Responsibilities :	
From: To:	Reason for Leaving:
May we contact your previous supereference?	ervisor for a YES NO
Company:	Phone:
	Supervisor:
Job Title:	

Responsibili :	ities			
From:	To:	Reason for	Leaving:	
May we con reference?	tact your previous supervisor for a	YES	NO	
Company:			Phone:	
Address:				
Job Title:				
Responsibili	ities			
From:	To:	Reason for	Leaving:	
May we con reference?	tact your previous supervisor for a	YES	NO	
	Disclaim	ner and Signat	ure	
PLEAS	E READ THE FOLLOWING CAREFULLY:			
APPLIC	CATION FORM WAIVER			
either ir manuals serve to relations the Con without policies	stand that neither the acceptance of this applicant the position applied for or any other positions, benefit plans, policy statements, and the like ocreate an actual or implied contract of employability between it and the undersigned, and that many Representative. Both the undersigned specified notice or reason. If employed, I under and procedures and such changes may include stand that this application is not a contract of enting a position of at-will employment with Sou	on, and regardless as they may exist oyment, or otherwarelationship cannot and the Company existand that the Cote e reduction in beno mployment. I und	s of the contents of employee handbo from time to time, or other Company vise to change in any respect the employ to be altered except by a written instru- y may end the employment relationsh mpany may unilaterally change or revise fits.	ooks, personnel practices, shall oyment-at-will ment signed by ip at any time, e their benefits,
	stand that to be employed by the Company I must provide the Company with documents ny.			
	alawful in Massachusetts to require or admir ment. An employer who violates this law shal			t or continued
Employ in this a time wi	rstand that the company will thoroughly yment Application and will verify all data prapplication. I understand that the misrepresent thout any previous notice. I hereby give the ise indicated), references, and others, and let.	rovided by me. I sentation or omis Company permis	authorize investigation of all stateme sion of facts called for is cause for di sion to contact schools, previous emp	ents contained smissal at any oloyers (unless
I also u	inderstand that if (1) the Company has a di	rug and alcohol p	olicy that provides for pre-employn	ent testing as

well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that

continued employment may be based on the successful passing of job-related physical examinations.

All offers of employment may be contingent upon permitting the completion of a background, criminal and driving record check. I understand that, in connection with the routine processing of this application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act or other equivalent state or local law.				
I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.				
Signature of applicant Date:				
It is South Shore Autism Center's policy to provide equal opportunity in employment, development, and advancement for all qualified persons without regard to color, disability, sex, national origin, race, religion, sexual orientation, gender identity, age, veteran status, military service, genetic information, victims of domestic violence, participation in South Shore Autism Center's insurance plans, receipt of free medical care, or any other legally protected status. This policy applies to all areas of employment, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation, benefits, social and recreational programs, and all other conditions and privileges of employment, in accordance with applicable federal, state, and local laws.  Thank you for completing this application form and for your interest in our organization.				