

**AUTISTIC TREATMENT CENTER, INC.**  
**APPLICATION FOR EMPLOYMENT**  
TO BE CONSIDERED, ALL QUESTIONS MUST BE ANSWERED

The Autistic Treatment Center has a zero tolerance philosophy regarding abuse and neglect.

**A. APPLICANT SUMMARY**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle MM/DD/YY

ADDRESS: \_\_\_\_\_  
Street Apt. # City State Zip Code

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

1. Are you currently employed?  Yes  No
2. May we contact you at work?  Yes  No
3. Some positions require you to be 21 years of age. Are you at least 21 years of age?  Yes  No
4. Some positions require you to drive company vehicles. Do you have a valid Texas Driver's License?  Yes  No  
Have you had more than 2 tickets or accidents in the past 3 years?  Yes  No
5. Have you ever been convicted of a misdemeanor or Felony?  Yes  No  
If yes please explain: \_\_\_\_\_

(A conviction will not necessarily be a barrier to employment. Each case will be reviewed in relation to the position for which you are applying.)

6. Have you ever been confirmed of abuse or neglect?  Yes  No If yes, please explain: \_\_\_\_\_

7. REFERRED BY

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Walk In             | <input type="checkbox"/> ATC Web Site                | <input type="checkbox"/> Employment Showcase             | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> TWC                 | <input type="checkbox"/> Newspaper - _____           | <input type="checkbox"/> Colleges - _____                |  |
| <input type="checkbox"/> Employment Referral | <input type="checkbox"/> Chamber of Commerce - _____ | <input type="checkbox"/> Employment Publications - _____ |  |

8. Are you related to anyone now employed at ATC?  Yes  No If yes, who? \_\_\_\_\_

**B. EMPLOYMENT INFORMATION**

1. Have you applied here before?  Yes  No If yes, the date of previous application: \_\_\_\_\_

2. Have you been employed here before?  Yes  No If yes, the date of employment: \_\_\_\_\_

3. I am available during:  Days  Evenings  Overnights  Weekends (check all that apply)

4. Will you work overtime if asked?  Yes  No

5. I am considering:  Full Time  Part Time  Summer Only  Temporary (check all that apply)

6. I can start: \_\_\_\_\_ 7. Position Desired: \_\_\_\_\_

8. Minimum Salary Requirements: \_\_\_\_\_

The Civil Rights Act of 1964 and other legislation prohibits discrimination because of race, color, sex, religion, national origin, age or disability.

9. Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No  
 (Proof of citizenship of immigration status will be required upon employment.)

**C. EMPLOYMENT HISTORY**

From (Mo. & Yr.)	Employer Name	Telephone ( )
To ( Mo. & Yr.	Address	Job Title
Start Position	City, State, Zip Code	Main Duties
End Position	Supervisor's Name & Title	
Start Salary	Reason For Leaving ___ Voluntary ___ Involuntary Explain	What did you like most?
End Salary		What did you like least?

From (Mo. & Yr.)	Employer Name	Telephone ( )
To ( Mo. & Yr.	Address	Job Title
Start Position	City, State, Zip Code	Main Duties
End Position	Supervisor's Name & Title	
Start Salary	Reason For Leaving ___ Voluntary ___ Involuntary Explain	What did you like most?
End Salary		What did you like least?

From (Mo. & Yr.)	Employer Name	Telephone ( )
To ( Mo. & Yr.	Address	Job Title
Start Position	City, State, Zip Code	Main Duties
End Position	Supervisor's Name & Title	
Start Salary	Reason For Leaving ___ Voluntary ___ Involuntary Explain	What did you like most?
End Salary		What did you like least?

May we contact your current employer? \_\_\_ Yes \_\_\_ No

**D. ADDITIONAL INFORMATION**

Describe any professional, trade, business or civic activities, volunteer work and any office held.  
Please exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status.

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**E. EDUCATION**

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE/ DIPLOMA
High School			Yes No	
Undergraduate College			Yes No	
Graduate/ Professional			Yes No	
Other (Specify)				

**F. TRAINING & DEVELOPMENT, SKILLS DATA & LICENSES**

Describe any specialized training, apprenticeship, or skills.

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**G. MILITARY SERVICE**

Describe any job-related training received in the military.

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**H. REFERENCES**

Provide at least three (3) working daytime numbers for verification purposes.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_ Ph. \_\_\_\_\_  
 Number(s): \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_ Ph. \_\_\_\_\_  
 Number(s): \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_ Ph. \_\_\_\_\_  
 Number(s): \_\_\_\_\_

The Civil Rights Act of 1964 and other legislation prohibits discrimination because of race, color, sex, religion, national origin, age or disability.

4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_ Ph. \_\_\_\_\_

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT**

Employment at the Autistic Treatment Center is on an at-will basis. This means that an employee has the right to resign his/her position at any time for any reason, with or without cause, and it also means that the Autistic Treatment Center has the right to terminate any employee at any time, with or without cause. Managers or supervisors do not have the authority to enter into any contract or agreement, either expressed or implied, with an employee which would in any way alter the at-will basis of employment.

I understand that I need to successfully complete the interview process and the testing requirements for this position. I agree, if I am made a job offer, to submit to a substance abuse test, a criminal history check, an abuse/neglect history check, a review of my driving record and any job-related physical assessment according to the policies of the Autistic Treatment Center.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination from the employer's service, whenever it is discovered.

I give the Autistic Treatment Center the right to contact and obtain information from all references, employers, educational institution and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The Autistic Treatment Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

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

***You will be contacted by phone or by mail regarding the status of your application. NO PHONE CALLS PLEASE.  
--Human Resource Department***

<b>EMPLOYERS USE ONLY</b>	
<b>INITIAL SCREENING</b>	
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The Civil Rights Act of 1964 and other legislation prohibits discrimination because of race, color, sex, religion, national origin, age or disability.	

Forward Application:  Yes  No Reason: \_\_\_\_\_