Alexander Leigh Center for Autism
APPLICATION FOR EMPLOYMENT
Please Attach Resume

An Equal Opportunity Employer

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

PERSONAL INFORMATION

FULL LEGAL NAME (as it appears on your social security card)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS (if different)	CITY	STATE	ZIP
HOME PHONE	CELLULAR PHONE	ARE YOU 18 YEARS OR OLDER? Yes No	

DESIRED EMPLOYMENT

POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE	SALARY DESIRED
ARE YOU EMPLOYED NOW? Yes No IF SO, may we contact your current employer? Yes No	Are you available to work weekends? Yes No Are you available to work overtime? Yes No	

Current Employer / Contact Name / Position and Phone Number

Have you previously applied for employment with this company? Yes No

If Yes, when and where did you apply?

How did you hear about this job opportunity?

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? _____
Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____
Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

_____

_____

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)? Yes No
(Note: Convictions for marijuana-related offenses that are more than 2 years old need not be listed. Convictions will not necessarily disqualify an applicant for employment.)

IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S).

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS
OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS – *Read and initial each paragraph, then sign below:*

_____ **TRUTHFULNESS OF APPLICATION**: I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

_____ **AUTHORIZATION TO INVESTIGATE**: I authorize any of the persons or organizations referenced in this application to give ALCA any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize ALCA to request and receive such information.

_____ **AT-WILL RELATIONSHIP**: I understand and agree that if I am offered employment with ALCA it will be on an "at-will" basis. This means that either I or ALCA may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with ALCA is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the Executive Director of ALCA I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and ALCA.

_____ **SEARCH OF PUBLIC RECORDS**: Should a search of public records—including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment—be conducted by internal personnel employed by ALCA, I am entitled to copies of any such public records obtained by ALCA unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the above paragraph.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

_____ _____

SIGNATURE DATE