

ILLINOIS CENTER FOR AUTISM

❖ EMPLOYMENT APPLICATION ❖

The Illinois Center for Autism considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

P E R S O N A L D A T A			
Last Name	First Name	Middle Name	Application Date
Street Address			SS#
City, State, and Zip Code	Home Phone Number ()	Alternate Telephone ()	
<input type="checkbox"/> Full Time (year round)	<input type="checkbox"/> Part time (less than 30 hours/week)	<input type="checkbox"/> Summer (only)	
Position Applying For	<input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Other Referred by	Date Available	

Are you legally able to work in the U.S.? Yes No

Have you ever been employed by the Illinois Center for Autism or Pasta Fare? If yes give date _____

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

If yes, please provide date(s) and details _____

Answering "yes" to the above question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account

E D U C A T I O N A L D A T A					
School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School				Yes No	
College				Yes No	
Business/ Trade/ Technical				Yes No	
Graduate School				Yes No	

O F F I C E S K I L L S

(If applicable to the position for which you are applying.)

Check all that you are comfortable in using:			
Typing or Keyboarding speed <div style="text-align: right;">WPM</div>	<input type="checkbox"/> Windows 95 <input type="checkbox"/> Windows 3.1 <input type="checkbox"/> Microsoft Word 6.0+ <input type="checkbox"/> Microsoft Excel 4.0+ <input type="checkbox"/> Microsoft Access 2.0 -7.0 <input type="checkbox"/> Microsoft Powerpoint 4.0+ <input type="checkbox"/> Microsoft Publisher 2.0+ <input type="checkbox"/> Office 95 or 97	<input type="checkbox"/> WordPerfect 6.1+ <input type="checkbox"/> Corel Suite (any application) <input type="checkbox"/> Macintosh Computers <input type="checkbox"/> Microsoft Internet Explorer 2.0+ <input type="checkbox"/> Netscape Navigator 2.0+ <input type="checkbox"/> Print Shop 4.0 + <input type="checkbox"/> Windows 3.11 or Novell Netware <input type="checkbox"/> Other (Specify)	
Shorthand or Notetaking speed <div style="text-align: right;">WPM</div>			

Describe any training received relevant to the position for which you are applying.

E M P L O Y M E N T H I S T O R Y

EMPLOYER	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact? Yes No
EMPLOYER	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact? Yes No
EMPLOYER	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact? Yes No

Comments: Include explanation of any gaps in employment.

R E F E R E N C E

NAME	ADDRESS	OCCUPATION/TELEPHONE #
1.		Occupation: Telephone #: ()
2.		Occupation: Telephone #: ()
3.		Occupation: Telephone #: ()

S K I L L A P P L I C A T I O N

In a brief paragraph, please describe how you feel your skills could contribute to the Illinois Center for Autism.



I certify that answers given herein are true and complete.

I authorize investigation of all statements contain in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of and “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of the Illinois Center for Autism.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that completion of this application does not constitute an offer or acceptance of employment.

Signature of Applicant

Date

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.