

Employment Application

Asperger Works, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time ___ Part Time

Date Available _____ Salary Desired _____

Phone # _____ Email Address _____

Social Security Number _____

Are you over 18 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed: ___ 1 ___ 2 ___ 3 ___ 4

Diploma: ___ Yes ___ No **G.E.D.** _____

School _____ City/State _____

College and/or Vocational School(s):

School _____ City/State _____

Major _____

Number of Years Completed: ___ 1 ___ 2 ___ 3 ___ 4 Degree Earned _____

School _____ City/State _____

Major _____

Number of Years Completed: ___ 1 ___ 2 ___ 3 ___ 4 Degree Earned _____

School _____ City/State _____

Major _____

Number of Years Completed: ___ 1 ___ 2 ___ 3 ___ 4 Degree Earned _____

Other Training or Degrees:

School _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP (if any):

Type of License(s) Held _____

State of _____ License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

OFFICE SKILLS :

___ Microsoft Word ___ Excel ___ PowerPoint ___ Publisher

Other Software Skills _____

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ___ Yes ___ No

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

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Supervisor _____ Department _____

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Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving _____

Have you ever been discharged or asked to resign from a job? ___ Yes ___ No

If yes, please explain: _____

References (Please list at least one professional reference):

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Please answer the following questions in 200 words or less.

What is your connection to the Autism/Asperger's community? Why do you want to work with adults on the Spectrum?

How do you think you can improve the quality of life for people on the Autism Spectrum?

Name a challenge you had in a related role and you dealt with that challenge.

What type of career do you see yourself having in five years?

What other details about you make you the perfect candidate for this position?

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Asperger Works, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Asperger Works, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with notice or cause.

Signature of Applicant _____ Date: _____