



Autism Center of Nebraska, Inc.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# Application

## Application Instructions

This application is used in evaluating your qualifications for employment or contract relationship. Applications may be considered for any open positions. Applicants will be considered, without regard to race, color, religion, gender, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable State and Federal law. Completion of this form does not imply employment or contractual relationship. False, misleading, or incomplete statements contained on this form, or made during an interview, are grounds for terminating the application process, or, if discovered subsequently, grounds for terminating employment and/or contractual relationship.

1. Should you need help to complete this application, or during any phase of the application process, please notify ACN Human Resources.
2. Incomplete or illegible applications may not be processed.
3. Please provide all requested information
4. The attached *Voluntary Self-Identification* requests information for statistical purposes and will be kept confidential. Completion is strictly voluntary and neither information contained, nor decision on whether or not to complete the form will be a factor in the application process.

Position								
Position Desired:				(circle all that apply): Part-Time Full Time Contract				
Available Start Date:				Desired Rate of Pay:				
Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Overnights 10:00 p.m. – 8:00 a.m.
Hours:								Specify nights available
Applicant Information								
Full Name:								
First Name			MI		Last Name			
Address:								
Street Address						Apartment/Unit #		
City			State		Zip Code			
Telephone:								
E-mail Address:								
<p>The law requires that you provide evidence and a sworn statement of your citizenship or work authorization, should you be employed or offered a contract. Employment and/or contractual relationship is contingent upon your provision of the necessary documentation and statement.</p>								
I am authorized to work in the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No      I am at least 19 years of age. <input type="checkbox"/> Yes <input type="checkbox"/> No								
Have you previously worked for the Autism Center of Nebraska, Inc. (ACN)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when:								
Other than a minor traffic offense, ave you ever been convicted of a crime, pled guilty or “no contest,” or entered into an agreement setting forth conditions for the dismissal of a criminal conviction? (A conviction will not necessarily disqualify you for employment/contract work. The nature of the crime and the time that has passed since the conviction will be considered.)								
<input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, list date(s), place(s) and offenses:								
Were you referred by a current Autism Center of Nebraska, Inc. employee? If so, whom?								

**Applicant Information Continued**

Do you have a valid operator's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your means of transportation?	
Operators license number:		State of Issue:	Expiration Date:
Number of "at fault" auto accidents during the past three years:		Number of moving violations during the past three years:	

**Employment History**

Most Recent Company:		Telephone: (       )	
Address:		Supervisor:	
Position Title:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start and End Dates:		Rate of Pay:	
Responsibilities:			
Reason for Leaving:			

Company:		Telephone: (       )	
Address:		Supervisor:	
Position Title:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start and End Dates:		Rate of Pay:	
Responsibilities:			
Reason for Leaving:			

Company:		Telephone: (       )	
Address:		Supervisor:	
Position Title:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start and End Dates:		Rate of Pay:	
Responsibilities:			
Reason for Leaving:			

Company:		Telephone: (       )	
Address:		Supervisor:	
Position Title:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start and End Dates:		Rate of Pay:	
Responsibilities:			
Reason for Leaving:			

**Education Information**

	Name/Location of School	Course of Study	Years Attended	Graduated	Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**References**

*Please list two professional references who are able to evaluate your job knowledge, skills and abilities*

Full Name:

Business:

Telephone: (       )

Address:

Full Name:

Business:

Telephone: (       )

Address:

**Additional Information**

*Please provide any other information you feel will be helpful in evaluating your application.*

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification or material misrepresentation of this information is grounds for refusal to hire or contract, or, if hired or contracted, involuntary termination of employment or contractual relationship.

Signature of Applicant: \_\_\_\_\_

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