



AUTISM BEHAVIOR SUPPORT

4003 W Stan Schlueter Loop Suite 3, Killeen, TX 76549

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Fax: 254-267-1091

autismbs6@gmail.com

EMPLOYMENT APPLICATION

General Information

Name: Last	First	Middle	Social Security	Date
Current Address:		Street	Email Address	
City	State	Zip Code	Daytime Telephone	Date of birth

Position(s) desired

1. _____
2. _____
3. _____

Date of availability	Preferred Work Schedule	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
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Are you permitted to work in the United States on a regular basis (i.e. other than temporary)?

Education

	Completed (Y/N)	Major	From Mo./Yr	Degree Received
High School/ Equivalent				
Additional Education				

Profession

Professional Licensure(s)/Registration(s)/Certification(s)	State	Number	Yr. Received	Date of Expiration
Professional Associations				

Employment History

Time Employed (Mo. & Yr.) From To	Employer's Name
Job Title	Employer's Address
Position Responsibilities	
Supervisor's Name & Title	Phone No.
Reason for Leaving	
Time Employed (Mo. & Yr.) From To	Employer's Name
Job Title	Employer's Address
Position Responsibilities	
Supervisor's Name & Title	Phone No.
Reason for Leaving	

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation, willful omission, false or misleading information is grounds for rejection of this application form, refusal to hire, withdrawal of an offer of Employment, or immediate discharge whenever discovered. You are authorized to conduct investigations, including verification of prior employment history and education. I also understand that employment is dependent upon receipt of acceptable employment references and satisfactory completion of pre-employment health screening which will include illicit drug and alcohol testing and provision of documents required by the Immigration reform and Control Act of 1986. Autism Behavior Support, LLC does not discriminate against any qualified person because of age, race, color, religion, sex, national origin, disability or sexual orientation. By signing this application, I acknowledge that an offer of employment at Autism Behavior Support, LLC should not be interpreted as an offer of continued or permanent employment.

Signature _____

Date _____