

**NORTH DAKOTA AUTISM CENTER, INC.**  
 Employment Application

**APPLICANT INFORMATION**

|   |                              |                             |  |                              |                             |  |                  |                |  |  |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------|----------------|--|--|
| Last Name   |                              |                             |  | First                        |                             |  | M.I.             | Date           |  |  |
| Street Address                                    |                              |                             |  |                              |                             |  | Apartment/Unit # |                |  |  |
| City  |                              |                             |  | State                        |                             |  | ZIP              |                |  |  |
| Phone   |                              |                             |  | E-mail Address               |                             |  |                  |                |  |  |
| Date Available                                    |                              |                             |  | Social Security No.          |                             |  |                  | Desired Salary |  |  |
| Position Applied for                              |                              |                             |  |                              |                             |  |                  |                |  |  |
| Hours Available to work                           |                              |                             |  |                              |                             |  |                  |                |  |  |
| Are you a citizen of the United States?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |                  |                |  |  |
| Have you ever worked for this company?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                             |  |                  |                |  |  |
| Have you ever been convicted of a felony?         | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                             |  |                  |                |  |  |
| Do you plan on leaving the area in the next year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, when?                                  | _____                        |                             |  |                  |                |  |  |

**EDUCATION**

|             |    |                   |                              |                             |        |  |  |  |  |  |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|--|--|--|--|--|
| High School |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |
| College     |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |
| Other       |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |

**REFERENCES**

*Please list three professional references.*

|           |  |  |  |              |  |  |  |  |  |  |
|-----------|--|--|--|--------------|--|--|--|--|--|--|
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |

**PREVIOUS EMPLOYMENT**

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|