



**BRUCE AWAD SUMMER PROGRAM  
EMPLOYEE APPLICATION FORM**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
FIRST NAME LAST NAME

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you between the ages of 15 and 30 years? (Check One) YES NO

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**EDUCATION**

Community College: Highest grade completed \_\_\_\_\_ What year? \_\_\_\_\_

Type of certificate or diploma received: \_\_\_\_\_

University: Highest grade completed \_\_\_\_\_ What year? \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

Degrees, licenses or certificates received: \_\_\_\_\_

Were you a full time student? \_\_\_\_\_ Will you be returning to school full time in Sept.? \_\_\_\_\_

**CERTIFICATIONS**

List any certifications and/or special training you have: \_\_\_\_\_

**EMPLOYMENT & VOLUNTEER EXPERIENCE** (please note experience with people with disabilities if you have it)

Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**CAMP EXPERIENCES** (as a camper or staff member)

Camp: \_\_\_\_\_ Camper or Staff? \_\_\_\_\_

Dates Attended or Worked: \_\_\_\_\_ Location: \_\_\_\_\_

Camp: \_\_\_\_\_ Camper or Staff? \_\_\_\_\_

Dates Attended or Worked: \_\_\_\_\_ Location: \_\_\_\_\_

Please describe your understanding of ASD? \_\_\_\_\_

Describe any experience you have teaching the following skills to someone with a disability (or general experience in the area listed):

**Communication & Language:** \_\_\_\_\_

**Self Care Skills (eating, dressing, & toileting):** \_\_\_\_\_

**Social Skills:** \_\_\_\_\_

Describe your experience working with individuals with communication impairments: \_\_\_\_\_

Describe your understanding of or experience with behaviour management techniques & indicate specific behaviours you have worked with: \_\_\_\_\_

Please write a statement explaining why you want to work at the Bruce Awad Summer Program for individuals with autism. \_\_\_\_\_

**REFERENCES**

Autism Services Inc. requires two (2) written references for our files. Please download the reference form (.pdf format – you will need to use Adobe Acrobat Reader to open the file) and have two people who are familiar with your work complete and mail them to us as soon as possible. These may be from teachers, professors, or previous employers. Please list your references.

Reference #1

Name & Title: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET, CITY, PROVINCE, POSTAL CODE

Reference #2

Name & Title: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET, CITY, PROVINCE, POSTAL CODE