

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE

Date _____

Application for Employment

Name

Last First Middle Maiden

Current address

Number Street City State Zip

Email: _____ Social Security No. _____ - _____ - _____

Telephone _____ Cell _____

Can you provide picture ID proving that you are over 18 y/o? _____ Gender: Female Male

What type of position are you applying for?

FULL-TIME ONLY

PART-TIME ONLY

FULL- OR PART-TIME

When can you start? _____ How many hours can you work weekly? _____

AVAILABILITY

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE and year of graduation
High School			
College			

HAVE YOU EVER PLED GUILTY, OR NO CONTEST TO, OR BEEN CONVICTED OF A MISDEMEANOR OR FELONY? No Yes

If yes, please explain

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered)

DO YOU HAVE A DRIVER'S LICENSE No Yes

Driver's license # _____ State of issue _____ Expiration date _____

Have you had any accidents during the past three years? No Yes How many? _____

Have you had any moving violations during the past three years? No Yes How many? _____

Please list two references, other than relatives or former employers.

Name _____

Company _____

Title _____

Telephone _____

Name _____

Company _____

Title _____

Telephone _____

In Case of EMERGENCY

Name: _____ Relationship: _____ Address: _____

Ph: (H) _____ Cell: _____

ABA/AUTISM WORK EXPERIENCE

Describe any experience you have with children diagnosed with autism and indicate how long you worked with them:

Have you attended any ABA and or autism trainings? If yes, indicate training topic and how many hours?

Who conducted the training? _____

Have you ever worked in an ABA program? Yes or No

If yes, what was your title and how long? _____

Who supervised the program? _____

Do you currently work with a family that we serve? Yes No If yes, which family?

EMPLOYMENT HISTORY

PLEASE PROVIDE A COMPLETE EMPLOYMENT HISTORY AND EXPLAIN ANY GAPS IN EMPLOYMENT INCLUDING DATES

Have you ever been terminated or asked to resign from any job? No Yes

If yes, please explain the circumstances: _____

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone number	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Other Work Experience

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone number	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by SOS Care (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to be an employee of _____ SOS Care or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and SOS Care may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their policies and procedures. No supervisor or representative of the company, other than the President, has any authority to make any agreements contrary to the forgoing.

I hereby state that all the information that I have provided on this application or any other documents filled out in connection with my application, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company and all parties from any liability as a result of such contact or as a result of the release of any such information.

I understand that under no circumstances will I be allowed to transport a child as an employee of the Company.

I also understand that (1) the Company has a pre-employment testing policy which includes a Background Check (applicant must have a clear DSS and SLED record) and a negative TB test; (2) consent to and compliance with such policy is a requirement to be considered; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Company shall be on a trial basis for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

SOS CARE is an equal opportunity employer, dedicated to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, religion, national origin, physical or mental disability, past, present or future service in the Uniformed Services of the US, status as a disabled or Vietnam veteran or other protected classification

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of applicant _____ **Date:** _____

Thank you for completing this application form and for your interest in our clinic.
Please email completed application to HR Director Cheryl Bauerle: cbauerle@sosCareSC.org