

Employment Application

Please fill all required information and return to:



Autism Heroes
 420 Brookside Ave.
 Redlands, CA, 92373
 Ph: 909.793.2020
 E: contact@myautismheroes.com

Position Applied For _____

Desired Salary _____

PERSONAL INFORMATION

Last Name _____		First Name _____		Middle _____	
Address _____		City _____		State _____	Zip Code _____
Home Phone _____		Cell Phone _____		Email _____	
Are you a U.S. Citizen? [] Yes [] No			If selected for employment, are you willing to submit to a pre-employment drug screening? [] Yes [] No		
Are you at least 18 years of age? [] Yes [] No			Do you have reliable transportation and an up to date/good standing license? [] Yes [] No		
Have you ever been convicted of a felony? [] Yes [] No					
Are you bilingual? [] Yes [] No					

EDUCATION

School Name	Location	Years Attended	Degree Received

Are you currently attending school? [] Yes [] No Will you be attending school in the near future? [] Yes [] No If so, when? _____

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning Availability (7AM-12PM)							
Afternoon Availability (1PM-8PM)							

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REFERENCES

Name	Title	Company	Phone Number

EMPLOYMENT

_____ Employer	_____ Dates Employed	_____ Pay Rate	
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Work Phone	_____ Supervisor Name	_____ Supervisor Title	
Duties Performed: _____ _____ _____			
Reason for Leaving: _____			May we contact them? [] Yes [] No

EMPLOYMENT

_____ Employer	_____ Dates Employed	_____ Pay Rate	
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Work Phone	_____ Supervisor Name	_____ Supervisor Title	
Duties Performed: _____ _____ _____			
Reason for Leaving: _____			May we contact them? [] Yes [] No

I certify that all answers given herin are true and complete to the best of my knowledge; I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant Signature

Date