



Dear Applicant:

All Things Are Possible 4 Autism

ATAP 4 Autism Inc. would like to thank you for considering contracting with our agency.

To complete your application, you **must** include following items. Please be aware that incomplete applications **will not** be considered.

1. Fill out the application completely; leaving questions blank may eliminate you.
2. Document your complete employment history. You may use the back of the page if necessary.
3. Include a photocopy of your valid Driver's License and Social Security Card.
4. Include a photocopy of any credentials you may have such as, CNA I II III, CPR, First Aid, AED, etc.
5. A photocopy of your high school diploma and when applying for a position that requires a college degree, a photocopy of your college diploma and **OFFICIAL** transcripts (these can be sent directly to HR at [atap4autism.info1@gmail.com](mailto:atap4autism.info1@gmail.com).)
6. A photocopy of the declaration page of your current automobile insurance policy, which indicates the company name, limits of liability, and the date of expiration. If you are covered under someone else's insurance, your name must be listed as a driver.

You will be contacted for an interview after your completed application has been returned and reviewed by an administrator. If you are offered and choose to accept then the following documents must be provided:

1. A copy of one of the following: TB skin test / Chest x-ray / TB symptom form completed within the past 12 months. You may obtain this through your local Health Department.
2. An ORIGINAL Criminal Background Check, dating back (7) years will be performed by the agency.
3. Drug Screening Test \***YOU MUST PAY THE FEES FOR THESE SCREENINGS\***  
**Fees will be reimbursed after successful completion of ninety (90) days into your contract**

If you have any questions regarding the application or the additional documentation, please do not hesitate to call our office at the telephone number listed above.

Thank you!!



## PERSONAL INFORMATION

|   |       |   |                                  |
|---|-------|---|----------------------------------|
| LAST NAME   | FIRST | MIDDLE / MAIDEN   | SOCIAL SECURITY NUMBER           |
| STREET ADDRESS  |       |   | HOME TELEPHONE NO.               |
| HAVE YOU EVER BEEN EMPLOYED BY ATAP? <input type="checkbox"/> YES <input type="checkbox"/> NO   |       | IF YES, WHAT CITY   | DATES OF EMPLOYMENT (FROM & TO)? |
| HAVE YOU EVER APPLIED WITH ATAP BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO  |       | POSITION(S) APPLYING FOR  | DATE YOU CAN START               |
| HAVE YOU EVER BEEN REPORTED TO THE HEALTH CARE PERSONNEL REGISTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO   |       | IF SO, WAS THE REPORTED ALLEGATION(S) SUBSTANTIATED? <input type="checkbox"/> YES <input type="checkbox"/> NO         | SALARY DESIRED?                  |
| IS THERE ANY REASON WHY YOU MIGHT BE UNABLE TO PERFORM CONSISTENTLY AND PROMPTLY ANY JOB DUTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO   |       | IF YES, EXPLAIN?<br>_____<br>_____  |                                  |
| HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO  |       | IF YES, EXPLAIN?<br>_____<br>_____  |                                  |
| ARE YOU INTERESTED IN A PART-TIME OR FULL-TIME POSITION? WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK?   |       | <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME   |                                  |
| <div style="display: flex; justify-content: space-between;"> <span>_____<br/>SUNDAY</span> <span>_____<br/>MONDAY</span> <span>_____<br/>TUESDAY</span> <span>_____<br/>WEDNESDAY</span> <span>_____<br/>THURSDAY</span> <span>_____<br/>FRIDAY</span> <span>_____<br/>SATURDAY</span> </div> |       |   |                                  |
| DO YOU HAVE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO  |       | DO YOU HAVE ANY OBJECTIONS TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO                        |                                  |
| ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |       | IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                  |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO   |       | IF YES, EXPLAIN:<br>_____<br>_____  |                                  |

*A CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.*

| EDUCATION  | NAME & ADDRESS OF SCHOOL | DATE BEGAN<br>(MONTH / YEAR) | DATE COMPLETED<br>(MONTH / YEAR) | DID YOU GRADUATE<br>(Y OR N) | DEGREE & MAJOR |
|--|--------------------------|------------------------------|----------------------------------|------------------------------|----------------|
| HIGH SCHOOL<br>OR<br>GED   | SCHOOL NAME              | /                            | /                                |                              | N/A            |
|  | CITY _____ STATE _____   |                              |                                  |                              |                |
| COLLEGE<br>OR<br>TRADE SCHOOL  | SCHOOL NAME              | /                            | /                                |                              |                |
|  | CITY _____ STATE _____   |                              |                                  |                              |                |
| COLLEGE<br>OR<br>TRADE SCHOOL  | SCHOOL NAME              | /                            | /                                |                              |                |
|  | CITY _____ STATE _____   |                              |                                  |                              |                |
| ADDITIONAL EDUCATION, TRAINING, CERTIFICATION OR LICENSURE RECEIVED. |                          |                              |                                  |                              |                |



## PREVIOUS EMPLOYERS

List your last four (4) employers, beginning with your current or most recent employer.

| DATE<br>Month / Year                    | PREVIOUS / CURRENT EMPLOYERS<br>Company Name, City, State, & Telephone No. | SALARY | Your Position & Responsibilities | Supervisors Name | Why did you or are you leaving? |
|---|--|--------|----------------------------------|------------------|---------------------------------|
| From:        /<br>-----<br>To:        / | COMPANY NAME        TELEPHONE<br>-----<br>CITY                      STATE  |        |                                  |                  |                                 |
| From:        /<br>-----<br>To:        / | COMPANY NAME        TELEPHONE<br>-----<br>CITY                      STATE  |        |                                  |                  |                                 |
| From:        /<br>-----<br>To:        / | COMPANY NAME        TELEPHONE<br>-----<br>CITY                      STATE  |        |                                  |                  |                                 |
| From:        /<br>-----<br>To:        / | COMPANY NAME        TELEPHONE<br>-----<br>CITY                      STATE  |        |                                  |                  |                                 |

Explain any gaps in time which exist in your above stated employment history (include dates and reason.)

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This form has been designed to comply with state and federal fair employment practice laws. Questions are designed to determine a bona fide occupational qualification or for other permissible purposes.

**By signing below, I affirm that I have read, understand, and agree to the following:**

If contracted by ATAP 4 AUTISM, I will comply with all rules and regulations of the company.

I authorize ATAP 4 AUTISM to contact any of the sources on this application for the purpose of acquiring reference checks and/or for validation of the accuracy of the information I have provided herein. I authorize my former employers to give any information they have regarding me, whether in their records or not. I hereby release them and ATAP 4 AUTISM from all liability for any damage whatsoever for issuing said information.

I understand that all employment offers for unlicensed positions will be conditional in nature, pending the results of my NC and/or National criminal history record information check. ATAP 4 AUTISM will decide whether to convert my employment from conditional to regular status after reviewing the contents of my NC and/or national criminal history record information check. All employment with ATAP 4 AUTISM whether conditional or regular, is "at will," which means that either the employer or the employee may terminate the employment relationship at any time, for any reason, with or without notice.

I hereby certify that the answers given to all questions contained on this application are complete, true and correct. I understand that providing false information on this application or during the employment interview process, specifically including, but not limited to, information related to any prior criminal or driving record, educational background, work history, or license / certifications may result in immediate discharge from employment. I also understand that a prior criminal conviction will not necessarily disqualify me from employment and factors such as age at time of offense, seriousness and nature of offense, and rehabilitation will be considered.

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APPLICANT'S SIGNATURE

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DATE



All Things Are Possible 4 Autism

## APPLICANT REPORTS RELEASE

In connection with my application to contract for services, I understand that consumer reports or investigative consumer reports which may contain public record information, may be requested or made on me including criminal records, driving records, education, prior employer verification and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various federal, state, and local agencies regarding my past activities. I also understand that I may be required to provide my fingerprints and agree to do so if requested.

I hereby authorize without reservation, any party or agency contacted by ATAP 4 AUTISM to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my contract with ATAP 4 AUTISM. I understand that race, sex, and date of birth are required by reporting agency rules for identification purposes in obtaining consumer reports or investigative consumer reports and will be used for no other purposes.

Please **PRINT** neatly.

**Address history must cover past 5 years; provide physical addresses – not P.O. Boxes.**

|  |  |   |  |                  |  |        |  |
|--|--|---|--|------------------|--|--------|--|
| Last Name:                             |  |   |  | First Name:      |  |        |  |
| Middle Name:                           |  |   |  | Suffix (Jr, Sr): |  |        |  |
| Maiden / Alias:                        |  |   |  | Maiden / Alias:  |  |        |  |
| Date of Birth:                         |  |   |  | Social Security: |  |        |  |
| Race:                                  |  | License No.   |  | Sex:             |  | State: |  |
| <b>Current Address</b>                 |  | How long have you lived at your current address? From ____ / ____ Until ____ / ____ |  |                  |  |        |  |
| Street Address:                        |  |   |  |                  |  |        |  |
| City:                                  |  | State:  |  | Zip:             |  |        |  |
| <b>1<sup>st</sup> Previous Address</b> |  | How long did you live at this previous address? From ____ / ____ Until ____ / ____  |  |                  |  |        |  |
| Street Address:                        |  |   |  |                  |  |        |  |
| City:                                  |  | State:  |  | Zip:             |  |        |  |
| <b>2<sup>nd</sup> Previous Address</b> |  | How long did you live at this previous address? From ____ / ____ Until ____ / ____  |  |                  |  |        |  |
| Street Address:                        |  |   |  |                  |  |        |  |
| City:                                  |  | State:  |  | Zip:             |  |        |  |

\_\_\_\_\_  
**Applicant's Full Name (Please Print)**

\_\_\_\_\_  
**Applicant's Signature**

# EMPLOYMENT REFERENCE CHECK



(Company Name) \_\_\_\_\_

All Things Are Possible 4 Autism

I have read this release and authorize ATAP 4 AUTISM INC to conduct their reference checks on me. I am hereby requesting to fully cooperate with this request. I am releasing you from any liability in connection with providing this information. This AUTHORIZATION FOR RELEASE OF INFORMATION is valid for a period of six (6) months from the date of this authorization.

\_\_\_\_\_  
**Applicant's Full Name (Please Print)**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date Signed**

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**APPLICANT-DO NOT WRITE BELOW THIS DOUBLE LINE**

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ATAP 4 AUTISM INC recruits, screens, and places individuals to work with persons that are developmentally disabled, behaviorally challenged, and/or elderly. Our screening process includes, but is not limited to, a criminal background check, DMV check, and professional reference checks.

The individual named above has applied for a position with our agency and has designated, by signing above, the following areas of information to be released as part of his/her employment screening process. This information is strictly confidential and is used only to verify information deemed appropriate in our selection process.

**Dates of Employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Applicant's Position/Title:** \_\_\_\_\_

**Did applicant have supervisory responsibilities?** ☐ YES ☐ NO

**Attendance:** ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

**During applicant's employment, were there any substantiated allegations of misconduct, abuse, or insubordination?** ☐ YES ☐ NO

**If yes, please explain:** \_\_\_\_\_

**Reason for termination:** \_\_\_\_\_

**Is this individual eligible for rehire?** ☐ YES ☐ NO

**If NO, please state reason:** \_\_\_\_\_

**Would you rehire this individual to work for your company?** ☐ YES ☐ NO

**Name and title of individual providing reference:** \_\_\_\_\_

**Name and title of individual completing form:** \_\_\_\_\_