

APPLICATION FOR EMPLOYMENT

Mission for Educating Children with Autism
MECA

Personal Information

Date

Name (Last Name, First)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number		Referred By	
Email			

Employment Desired

Position	Date you can start	Salary desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company name/address
Supervisor Name	Supervisor Phone Number	

Education History

	Name & Location of School	Years attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General Information

Subjects of special study / research, work or special training / skills	
U.S. Military or Naval Service	Rank

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Former Employers (list below last four employers starting with the most recent)

Date (month / year)	Name and address of employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References

Name	Address	Business	Years Known

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release The PAAL Program from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of The PAAL Program has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized PAAL representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and any other relevant federal and state laws.”

Date _____

Signature _____