



**AUTISM ACADEMY**  
for Education & Development

**www.autismacademyed.com**

Tempe Campus  
7541 South Willow Drive  
Tempe, AZ 85283  
480-447-3997

Gilbert Campus  
1540 North Burk Street  
Gilbert, AZ 85234  
480-545-6132

West Valley Campus  
6810 West Thunderbird Road  
Peoria, AZ 85381  
480-240-9255

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Desired Salary
Position Applied for			
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have a fingerprint card?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide a copy			
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

CERTIFICATES/CREDENTIALS			
Do you hold a valid teaching credential?   Yes    No    If yes, Type of Certificate:    Standard    Emergency    Probationary			
State Issued _____ Date Issued _____ Date of Expiration _____			
Indicate any other professional licenses or certificates you hold:			
Type of License _____ Field _____ Date of Expiration _____			
Are you "Highly Qualified" (NCLB):    Yes    No    What areas? _____			
Please provide copies of any certificates/credentials			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date