EMPLOYMENT ELIGIBILITY REQUIREMENTS

All Applicants must have the following:

Eligibility to work in the US
High School Diploma or GED
Valid NC Driver’s License
Reliable Transportation
Current Automobile Insurance Verification
Current Vehicle Registration
License/Certification Verification
Satisfactory Criminal Background Check
Satisfactory Driving Record
Satisfactory Healthcare Personnel Registry Status
Ability to complete training requirements
# LIVING WITH AUTISM, INC

## APPLICATION FOR EMPLOYMENT

ACTIVE FOR THIRTY (30) DAYS ONLY

### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>_______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Present Address</td>
<td>(Street/Number, P.O. Box)</td>
</tr>
<tr>
<td>Previous Address</td>
<td>(Street/Number, P.O. Box)</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>____________________________</td>
</tr>
<tr>
<td>Emergency Phone</td>
<td>____________________________</td>
</tr>
<tr>
<td>Do you have the right to work in the United States?</td>
<td>____ Y</td>
</tr>
<tr>
<td>Have you lived in NC for the past 5 years?</td>
<td>____ Y</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>____ - ____ - ______</td>
</tr>
<tr>
<td>Position applying for:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Rate of pay expected</td>
<td>______</td>
</tr>
<tr>
<td>Do you have your own transportation?</td>
<td>______</td>
</tr>
<tr>
<td>Type of employment?</td>
<td>______ Full Time</td>
</tr>
<tr>
<td>What days and hours are you available?</td>
<td></td>
</tr>
<tr>
<td>Mon</td>
<td>Tues</td>
</tr>
<tr>
<td>Why do you believe you would be beneficial to LWA?</td>
<td></td>
</tr>
<tr>
<td>Have you applied with us before?</td>
<td>______</td>
</tr>
</tbody>
</table>
Name: ________________________  Personal Information Continued…

Email: _________________________________  Transportation? ______ Yes    ______No

Have you ever served in the U.S. Armed Forces?  _______ Yes  _______ No

If Yes, what branch __________ Date Entered __________ Discharged __________

Do you currently have a valid Driver’s License?  ___________ Yes  ___________ No

Have you ever been dismissed or asked to resign from any employment? _____ Yes _____ No

Have you ever been dismissed, suspended or accused of any situation involving abuse, neglect, exploitation, or any act of aggression from a previous job?  _____ Yes _____ No (if yes explain)

____________________________________________________________________________

Have you ever been convicted of a felony? _____ Yes _____ No (if yes explain)

____________________________________________________________________________

Have you ever been convicted of a misdemeanor? _____Yes _____No (if yes explain)

____________________________________________________________________________

Do you have any pending charges against you? _____Yes _____No (if yes explain)

____________________________________________________________________________

*Disclosure will not disqualify you for employment. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness, in relation to the job. Any falsified or untold information will result in an immediate termination of the application and job*

Have you ever been convicted of any traffic violation? _____Yes ____No (if yes explain)

____________________________________________________________________________

Driver’s License Number: _______________  State: _______  Expiration: ____________

Are you currently employed? _____Yes _____No  Current Hours ______________________

Have you ever held a position of trust? _____Yes _____No  For how long? ______________

Have you ever been reported to the Health Care Personnel Registry?  ______ Yes _____No

What skills outside of education and experience do you have that would pertain to this position?__________________________________________________________
LIVING WITH AUTISM, INC

Name: ____________________________

EDUCATION

<table>
<thead>
<tr>
<th>Name and Address of School</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Circle last year completed 9 10 11 12</td>
</tr>
<tr>
<td></td>
<td>Year graduated?_______</td>
</tr>
<tr>
<td>College/Univ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Circle last year completed 1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>Year graduated?_______</td>
</tr>
</tbody>
</table>

PRIOR WORK HISTORY

Please describe all work experience that pertains to the current position applying for.

____________________________________
Name and Address of Employer

____________________________________
Immediate Supervisor (Name and Position)

____________________________________
Date hired/Date left

____________________________________
Job title/Duties performed

____________________________________
Starting pay/Final Pay

____________________________________
Name and Address of Employer

____________________________________
Immediate Supervisor (Name and Position)

____________________________________
Date hired/Date left

____________________________________
Job title/Duties performed

____________________________________
Starting pay/Final Pay

Use resume or back of paper for more entries.
LIVING WITH AUTISM, INC

Name:___________________________

Reference Check (2)

1. Name: ________________________________ Phone: __________________________
   Reference type ____ Personal ____ Work How long have you known: _________
   this person?

2. Name: ________________________________ Phone: __________________________
   Reference type ____ Personal ____ Work How long have you known: _________
   this person?

Emergency Contact Information (2)

1. Name: ________________________________ Relation: __________________________
   Address: __________________________________________________________________
   Phone: ____________________________________________________________________ 2nd Phone: __________________________

2. Name: ________________________________ Relation: __________________________
   Address: __________________________________________________________________
   Phone: ____________________________________________________________________ 2nd Phone: __________________________

Please explain why you want to work for Living With Autism, INC.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I hereby declare that all of the information provided in the application is truthful.

___________________________________________ ___________________
Signature of Applicant Date
Print Name: _______________________________________________________________
  First                                     Middle                                     Last

Former Names: ______________________________________________________________

Current Address: ____________________________________________________________
  Street Address                        City                        State                        Zip

Previous Address: ____________________________________________________________
  Street Address                        City                        State                        Zip

Previous Address: ____________________________________________________________
  Street Address                        City                        State                        Zip

Social Security Number: ___________________________ Date of Birth: ______________

Driver’s License Number: ___________________________ State: ______

The information contained in this application is correct to the best of my knowledge. I hereby authorize Living With Autism and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Living With Autism or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Living With Autism, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

Signature: _____________________________________________ Date: ______________
I, _______________________________ CONSENT TO A DRUG SCREENING AS TERMS OF MY POSSIBLE EMPLOYMENT WITH LIVING WITH AUTISM, INC. FURTHER, I DO UNDERSTAND THAT I MAY BE SUBJECT TO RANDOM DRUG SCREENING AT ANY GIVEN TIME DURING MY EMPLOYMENT. I ALSO UNDERSTAND THAT FAILURE TO COMPLY WITH THE DRUG-SCREENING PROGRAM MAY BE CAUSE FOR DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. I DO UNDERSTAND THAT A POSITIVE DRUG SCREENING MAY BE CAUSE FOR DENIAL OF EMPLOYMENT OR TERMINATION.

_________________________________________________  ________________________________
Signature of Applicant  Date