

THE LAZARUS PROJECT

APPLICATION FOR EMPLOYMENT

(revised 1-06)

Mission

The Lazarus Project believes that parents need a dependable, cost-effective way to get individualized behavior therapy for their child with Autism Spectrum Disorder. The Lazarus Project believes that children deserve the best instruction from teachers/therapists. We know that a behavior therapy program is the centerpiece of an autistic child's treatment. We firmly believe that parents and kids deserve a well-organized and well-managed program. It is our mission to empower parents to provide their ASD children that we serve and their families and their communities reliable, high-quality behavior therapy, to bring each child to his or her highest potential.

PERSONAL INFORMATION

| | | |
|--|------------------------|-----------------------------------|
| Last name | First and middle names | Social Security Number |
| Mailing address | | Phone numbers (include area code) |
| | | Daytime () |
| City | State | Evening () |
| ZIP Code | | |
| Email address | | |
| In order to allow us to adequately check your employment and education history, please state any other name(s) under which you have been employed or attended school: Preferred name: | | |
| List all previous addresses for past 7 years From (month/year) to (month/year) Include city, state/province, country and zip code | | |
| | | |
| | | |
| | | |
| For which position(s) are you applying? | | Salary Expected: |
| Are you applying for Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> | | Date available to start work: |
| How did you hear about The Lazarus Project: | | |

EDUCATION

| | | | | | | |
|---|-------|----------------------|---------|----------|----------|----------|
| Mark highest level completed. Some HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/> | | | | | | |
| Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received. | | | | | | |
| Colleges and universities attended. Attach a copy of your transcript (if available) | | | | | | |
| 1) | Name | Total Credits Earned | | Major(s) | Degree - | Year |
| | City | Semester | Quarter | | (if any) | Received |
| | State | | | | | |
| 2) | Name | Total Credits Earned | | Major(s) | Degree - | Year |
| | City | Semester | Quarter | | (if any) | Received |
| | State | | | | | |
| 3) | Name | Total Credits Earned | | Major(s) | Degree - | Year |
| | City | Semester | Quarter | | (if any) | Received |
| | State | | | | | |
| List School honors, scholarships, and extra curricular activities: | | | | | | |

WORK EXPERIENCE

Please start with you present or most recent position. List all employers for at least the last five years. Use a separate sheet if necessary. If attaching a resume, please complete those sections not covered by your resume.

| | | | | |
|--|------------|-----------|------------------------------------|----------------|
| 1) Job title | | | | |
| From (MM/YY) | To (MM/YY) | Salary \$ | per | Hours per week |
| Employer's name and address | | | Supervisor's name and phone number | |
| Reason for leaving: | | | May we contact this employer? | |
| | | | May we contact this Supervisor? | |
| Describe your duties and accomplishments | | | | |
| | | | | |
| 2) Job title | | | | |
| From (MM/YY) | To (MM/YY) | Salary \$ | per | Hours per week |
| Employer's name and address | | | Supervisor's name and phone number | |
| Reason for leaving: | | | May we contact this employer? | |
| | | | May we contact this Supervisor? | |
| Describe your duties and accomplishments | | | | |
| | | | | |
| 3) Job title | | | | |
| From (MM/YY) | To (MM/YY) | Salary \$ | per | Hours per week |
| Employer's name and address | | | Supervisor's name and phone number | |
| Reason for leaving: | | | May we contact this employer? | |
| | | | May we contact this Supervisor? | |
| Describe your duties and accomplishments | | | | |
| | | | | |
| 4) Job title | | | | |
| From (MM/YY) | To (MM/YY) | Salary \$ | per | Hours per week |
| Employer's name and address | | | Supervisor's name and phone number | |
| Reason for leaving: | | | May we contact this employer? | |
| | | | May we contact this Supervisor? | |
| Describe your duties and accomplishments | | | | |
| | | | | |

OTHER QUALIFICATIONS

Job-related training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards.) Give dates where applicable.

GENERAL

Are you legally authorized to work in the U.S.? **YES** **NO**

Were you ever in the military? **YES** **NO** If yes, branch and dates of service:

Responsibilities:

REFERENCES

Please list three references that we may contact. Do not list relatives, and please list complete names, addresses, and telephone numbers

| | | | | | | |
|----|---------|-------|----------|---------------|--|---------------|
| 1) | Name | | | Relationship | | |
| | Address | | | | | Daytime Phone |
| | City | State | Zip Code | Email Address | | |
| 2) | Name | | | Relationship | | |
| | Address | | | | | Daytime Phone |
| | City | State | Zip Code | Email Address | | |
| 3) | Name | | | Relationship | | |
| | Address | | | | | Daytime Phone |
| | City | State | Zip Code | Email Address | | |

APPLICANT CERTIFICATION

I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application, given during an interview, or at any other time during the hiring process constitutes sufficient grounds for disqualification from further consideration for hire or immediate discharge from employment and that The Lazarus Project shall not be liable in any respect if my employment is so denied or terminated.

I understand all offers for employment are conditional upon satisfactory reference and background checks, production of documents necessary for The Lazarus Project to verify identity and work authorization status.

In consideration of my employment, I will agree to abide by all practices and policies of The Lazarus Project. I understand my employment is at will and if an employment relationship is established, The Lazarus Project or I may terminate the relationship at any time and for any reason.

SIGNATURE

DATE SIGNED