

Son-Rise Professional Training

Application for Admission

Please Print

Personal Information

| | | | |
|---|------------------------------|------------------------------|--|
| Name: | | SS #: | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Home: () ~ | Work: () ~ | Cell: () ~ | |
| Email: | | Fax: () ~ | |
| Are you over the age of 18? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, please state your date of birth: |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you eligible to work in the U.S.? |
| <p>Note: If hired, you are required by law to submit proof of identity and eligibility to work in the U.S.</p> | | | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please describe in detail: | | | |
| <p>Note: Disclosure of a criminal record will not necessarily disqualify you from employment. The nature of the offense, date and the position for which you are applying will also be considered.</p> | | | |
| Do you have any physical or medical limitations that would limit you from participating in the activities of this training position? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please explain: | | | |

Work Experience

| | | | |
|--|--|------------------------------|-----------------------------|
| Have you ever worked with a family running <i>The Son-Rise Program</i> ? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, which family and for how long have you worked with them? | | | |
| Do you have any other experience working with children and/or adults with special needs? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please describe your experience in detail: | | | |

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Please describe any other teaching experience you have had:

Please list any languages, other than English, that you can speak:

Education

| | Name and Address of School Attended | Dates Attended (From – To) | Type of Degree/ Diploma Received | Major/Minor Fields of Study |
|---|-------------------------------------|----------------------------|----------------------------------|-----------------------------|
| High School | | | | |
| College/ University | | | | |
| Graduate School | | | | |
| Other | | | | |
| List all honors or scholarships received: | | | | |

Option Institute Programs Attended (if applicable)

Please list any outreaches, consultations or other Option Institute programs in which you have participated.

| Date | Name and Type of Program |
|------|--------------------------|
| | |
| | |
| | |
| | |

References

List (with address and phone number) the names of three persons familiar with your character, ability, or education for more than one year. Please do not include friends or relatives.

| | | | |
|------------|--|--------------|-------|
| Full Name: | | Phone Number | () ~ |
| Address: | | | |
| Full Name: | | Phone Number | () ~ |
| Address: | | | |

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4) Describe two events that illustrate how you teach and work with children.

5) As a student, what qualities or characteristics are your weakest points as you learn new things? Why? Please use specific examples.

6) Describe a child or adult with special needs who has special meaning to you. Include what you have learned in your interactions.

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Applicant Acknowledgment

Permission is granted to The Autism Treatment Center of America to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation and criminal conviction record. I release The Autism Treatment Center of America and all persons or organizations from any liability arising from such statements, their solicitation or use.

I understand that at any point during the training program, if I am not meeting training requirements, I could be released from the training program. I understand that I am able to terminate my training at any time.

I certify that all statements made by me in this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate or omitted statements of a material fact could be cause for rejection of my application or termination of my employment at any time.

Signature:

Date: