

# Autism Services

# ASMC

Dear Applicant,

Thank you for applying with Autism Services of Mecklenburg County, Inc. (ASMC)! We are very excited about the excellent supports we offer to individuals with disabilities and glad you are expressing interest in joining us.

All applicants must meet certain minimum requirements to become a part of our organization. It is important that you understand the requirements for the position and agree to participate fully in the screening, hiring, and training process should you be offered employment. Please read this letter carefully, sign, and date it before you complete the Application.

Applicants must meet certain minimum requirements to be eligible for employment with this agency. These minimum requirements include:

1. a driver's license valid for use in NC (residents of NC who are not full-time students or active members of the armed forces must have a NC Driver's License)
2. an acceptable driving record
3. a high school diploma or equivalent (the minimum requirement for most positions)
4. proof of eligibility for employment in the USA

Meeting these requirements does not mean that you will be employed, only that you meet the minimum requirements to work for this agency. All offers of employment are made by the Executive Director or his designee and are based on the input of supervisory and human resources staff. If you are extended an offer of employment, it will be contingent on the successful completion of:

1. a criminal background check
2. a drug screen test with negative results
3. a medical screening and Tb test to ensure the absence of communicable disease

Once you are employed you will be required to participate in orientation training. This training will require a significant commitment of time. The dates and times of the training will be covered in detail during the interview.

ASMC will contact prospective candidates concerning interviews. If an applicant is not chosen for a position, they will be notified. Applications will remain on file for 90 days. Please **do not call** to check on your application. Our process takes time, and you will be notified of your status.

I hereby acknowledge that I have read and understand the hiring/qualification process.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

2211-A Executive Street, Charlotte, NC 28208  
Tel (704) 392-9220 • Fax (704) 392-9344  
Email: [HR@ASMCinc.com](mailto:HR@ASMCinc.com) \* Website: [www.ASMCinc.com](http://www.ASMCinc.com)

# Autism Services of Mecklenburg County, Inc.

## Application for Employment

Last Name	First Name	Middle Initial	
Social Security Number	Driver's License No.	State	
Address	City	State	Zip
Email	Home Phone	Business Phone	Cell/Pager
Emergency Contact: Name	Home Phone	Business Phone	Cell/Pager

Job Applied for [Please indicate specific job title(s)] \_\_\_\_\_ Full-time Part-Time Casual (circle one)

When would you be available to begin work? \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No

How did you become aware of the job opening(s) at ASMC?

- Newspaper  Job Fair  Internet  Walk-in  Referral by another company  
 Consumer/Family Choice - Who? \_\_\_\_\_ Type of Service? \_\_\_\_\_  
 ASMC Employee - Who? \_\_\_\_\_  Other: \_\_\_\_\_

Have you ever worked for this agency in the past?  Yes  No  
When? \_\_\_\_\_

Have you ever filled out an application for employment/volunteer with this agency?  Yes  No

Are you related by blood or marriage to any person now employed by ASMC?  Yes  No

If yes, list name and relationship: \_\_\_\_\_

### EDUCATION

Schools	Name and Location	Dates Attended	Degree/Major	Graduated?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate/Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No

**List fields of work, for which you are licensed, registered, or certified giving dates and sources of issuance.**

### Have you ever been disciplined or discharged for:

- |  |   |
|--|---|
| Absenteeism? <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Alleged child/consumer abuse, neglect, exploitation, or involvement in same? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tardiness? <input type="checkbox"/> Yes <input type="checkbox"/> No                            | Failure to notify company of an absence? <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |
| Serious infraction of company policy? <input type="checkbox"/> Yes <input type="checkbox"/> No | Workplace violence? <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Please give an explanation for any "yes" answers indicated above:



## Certification of Application

I hereby affirm and understand that:

1. The information set forth in this application is true and complete.
2. This is an application for employment and that no employment contract is being offered.
3. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.
4. The company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any such information. I understand that false statements on this application or my resume or other information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
5. An offer of employment by ASMC is conditional upon successful completion of a medical statement, non-positive drug screen, as well as criminal and driving record check. I hereby waive all claims for damages on account of such examination, at company expense, at any time to determine if I am qualified and able to perform the essential duties of the job. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job I am being considered for prior to employment or in the future during my employment with the company.
6. If hired, my employment is "at will" and may be terminated by this Company or myself at any time, with or without cause, without liability for wages or salary except such as may have been earned at the date of such termination.
7. If requested by the management at any time, I agree to submit to search of my person, vehicle, or of any personal space that may be assigned to me and waive all claims for damages on account of such search.
8. I am responsible for becoming familiar with and abiding by all ASMC policies and procedures and understand that I will be asked to provide further documentation.
9. If I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time.
10. All information regarding consumers, former consumers, and applicants for services is confidential. Divulging such information to any unauthorized person may violate company policy and result in disciplinary action, up to and including termination, and may also constitute a misdemeanor punishable by fine or imprisonment.

I have read, understood, and agree to abide by the above.

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Applicant Signature

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Date

**ASMC, Inc. is an equal opportunity employer and does not discriminate  
on the basis of race, color, religion, sex, national origin, age or disability.**

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