



**BRUCE AWAD SUMMER PROGRAM
EMPLOYEE APPLICATION FORM**

PLEASE PRINT CLEARLY

Name: _____
FIRST NAME LAST NAME

Current Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Cell: _____

Email Address: _____

Are you between the ages of 15 and 30 years? (Circle One) YES NO

Emergency Contact Person: _____ Relationship: _____

Telephone: _____ Cell: _____

EDUCATION

Secondary School: Completed ____ If not completed, which grade are you in currently: ____

Community College: Highest grade completed _____ What year? _____

Type of certificate or diploma received: _____

University: Highest grade completed _____ What year? _____

Major and Minor Subjects: _____

Degrees, licenses or certificates received: _____

Were you a full time student in 2016/17? ____ YES ____ NO

Will you be returning to school full time in Sept. 2017? ____ YES ____ NO

CERTIFICATIONS

List any certifications and/or special training you have: _____

EMPLOYMENT & VOLUNTEER EXPERIENCE (please note experience with people with disabilities if you have it)

Employer: _____ Date of Employment: _____

Job Title: _____ Reason for leaving: _____

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Job Title: _____ Reason for leaving: _____

CAMP EXPERIENCES (as a staff member)

Camp: _____ Job Title: _____

Dates Attended or Worked: _____ Location: _____

Camp: _____ Job Title: _____

Dates Attended or Worked: _____ Location: _____

Please describe your understanding of ASD? _____

Describe any experience you have teaching the following skills to someone with a disability (or general experience in the area listed):

Communication & Language: _____

Self Care Skills (eating, dressing, & toileting): _____

Social Skills: _____

Describe your experience working with individuals with communication impairments: _____

Describe your understanding of or experience with behaviour management techniques & indicate specific behaviours you have worked with: _____

Please write a statement explaining why you want to work at the Bruce Awad Summer Program for individuals with autism. _____

REFERENCES

Autism Services Inc. requires two (2) written references for our files. Please download the reference form (.pdf format – you will need to use Adobe Acrobat Reader to open the file) and have two people who are familiar with your work complete and mail them to us as soon as possible. These may be from teachers, professors, or previous employers. Please list your references.

Reference #1

Name & Title: _____ Tel: _____

Address: _____
STREET, CITY, PROVINCE, POSTAL CODE

Reference #2

Name & Title: _____ Tel: _____

Address: _____
STREET, CITY, PROVINCE, POSTAL CODE