



MADINA WELLNESS CENTER  
**Application for Employment**

Our mission is to enhance the quality of life for children, families, and professionals impacted by autism and related developmental disorders through intensive ABA based therapy intervention.

Date: \_\_\_\_\_ First/Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

When can you start? : \_\_\_\_\_ Desired Wage: \_\_\_\_\_

Are you a U.S Citizen or authorized to work in U.S on an unrestricted basis? (You may be required to provide verified documentation).  Yes  No

Are you searching for full time employment?  Yes  No

If not, what hours are you searching for? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please describe the conditions: \_\_\_\_\_

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Education

School Name and Location	Year	Major	Degree
High School			
College			
College			
Post-college			
Other Trainings			

Employment History (Start with most recent)



# MADINA WELLNESS CENTER

## Job Application Worksheet

(Use this form to write down your job history and job objectives; it will save you time when you complete your Arkansas Job Link registration)

Company Name:		Supervisor or Contact Person & Phone Number:	
Company City:	State:	Description and duties of the job:	
Job Title:			
From (mo/yr):	To (mo/yr):		
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Hours Per Week:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other _____	

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If you are seeking a type of job that is not listed in your work history, please list it in this section.	Description and duties of the job you are seeking:
Job Title:	

Special skills:
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E-mail address (if you need help getting a free e-mail account, please ask the resource room staff assistant):
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