



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: _____



Education

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

Employment History (Start with most recent)



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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:

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