

Please return employment application by email

Email: employment@celebrateability.org

Contact Information

Name:					
Email:		Phone:			
Address:					
City:	State:		ZIP:		
How did you hear about us?					
Which date are you able to start?					
How far can you commute? \square 5 Miles	☐ <u>10 Miles</u>	☐ 1 <u>5 Miles</u>	☐ <u>20 Miles or more</u>		
What Position(s) are you applying for?					
☐ Family Consultant					
☐ Intensive Individual Support Technic	ian				
☐ Respite Technician					
☐ Therapeutic Integration Technician					
☐ Other					



Please select the times that are you available to work

☐ CMT (Certified Medication Technician)

 \square Other

	Morning	Afternoon	Evening	Other
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Education Highest level of education achieved: \square GED ☐ High School Diploma ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Ph. D Certifications ☐ Psychology ☐ Behavioral Analysis ☐ First Aid \square CPR ☐ Speech Therapy \square Behavior Management



How would you best descript the amount of time you have spent support individuals with autism?
☐ 3-6 Months
☐ 6-12 Months
☐ 1-2 Years
☐ 2-4 Years
☐ More than 4 Years
Which best describes the ages of the autistic individuals with which you've worked?
☐ Under 6 years' old
☐ Children in Elementary School
☐ Children in Middle School
☐ Children in High School
☐ Adults
Which of the following experience do you have working with autistic individuals?
\Box I have supported a special education classroom at a public or private school as an instructional assistant or paraeducator.
\square I have taught or co-taught in a special education classroom at a public or private school.
\square I provided support in a residential facility for children or adults with autism.
\square I have worked at a camp for children or adults with autism.
\square I have provided job coaching for adults with autism.
\square I have provided babysitting or childcare for a child with autism.
\square I have worked for a different autism waiver service agency providing IISS or Respite Services.
\square I have volunteered for a program to support individuals with autism.
☐ I have cared for a family member who has autism.



ell us why your experience and qualifications make you a good fit for Celebrate Ability							