



Care and Recreational Activities for Autistic People (CARAFAP)  
10290 Old Columbia Road, Suite 340  
Columbia, MD 21046  
(443) 542-9177

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## **JOB APPLICATION**

CARAFAP, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

### **APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **EMPLOYMENT POSITION**

1. Position(s) applying for: \_\_\_\_\_

2. How did you hear about this position? \_\_\_\_\_

3. What days are you available to work? \_\_\_\_\_

4. If hired, what date can you begin? \_\_\_\_\_

5. Do you have reliable transportation to and from work? \_\_\_\_\_

### **PERSONAL INFORMATION**

1. Have you previously applied for employment with CARAFAP, LLC? YES \_\_\_ NO \_\_\_

If yes, when? \_\_\_\_\_



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2. Are you 18 years of age or older? YES \_\_\_ NO \_\_\_
3. Are you a U.S. citizen or approved to work in the United States? YES \_\_\_ NO \_\_\_
4. What document(s) or legal status can you provide as proof of citizenship? \_\_\_\_\_
5. Will you consent to a mandatory controlled substance test? YES \_\_\_ NO \_\_\_
6. Do you have any conditions that require job accommodation? YES \_\_\_ NO \_\_\_

If yes, please describe accommodation required below:

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7. Have you been convicted of a criminal offense (felony or misdemeanor)? YES \_\_\_ NO \_\_\_

If yes, please list the crime(s) when and where convicted and disposition of the case(s).

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### **JOB SKILLS / QUALIFICATIONS**

List below skills and qualification you possess for the position for which you are applying:

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*NOTE: CARAFAP, LLC complies with Americans with Disabilities Act (ADA) and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions of the job. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.*



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**PREVIOUS EMPLOYMENT (Last 3 jobs)**

**EMPLOYER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMPLOYER'S TELEPHONE:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

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**REFERENCES**

*Please provide three professional references below:*

REFERENCES	CONTACT INFORMATION

APPLICANT: \_\_\_\_\_  
SIGNATURE

APPLICANT: \_\_\_\_\_  
PRINT

DATE: \_\_\_\_\_