

Date: _____

Applicant name: _____



National Foundation for Autism Research

Application to Participate in the Software QA Tester Training Program

Are you being referred to the program by your DOR Counselor? YES NO

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Cell Phone: _____ Home Phone: _____

Email: _____ Gender: Female Male

Parent/Primary Contact Information

Name: _____ Relationship: _____

Phone (H): _____ Email-Work: _____

Phone (C) _____ Email-Personal: _____

Parent/Alternative Contact Information

Name: _____ Relationship: _____

Phone (H): _____ Email-Work: _____

Phone (C) _____ Email-Personal: _____

Education

High School: _____ City/State: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other Training: _____ City/State: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other Training: _____ City/State: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

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Transportation

Do you drive a car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, age when obtained driver's license: _____	Yrs. of age
Do you take Public Transportation/Bus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have Transportation to the Scripps Ranch Area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

References

Please list at least 2 references. One personal and one professional reference (Teacher, Employer or Counselor)

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Email: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Email: _____

Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Email: _____

Previous Employment (if any) – Also attach Resume if Available

Company: _____ Phone: _____
 City/State: _____
 Position/Title: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
 City/State: _____
 Position/Title: _____
 Responsibilities: _____
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Tell us about yourself

What is your skill level on a computer? <i>Select or include notes</i>	<input type="checkbox"/> Beginner User <input type="checkbox"/> Proficient User <input type="checkbox"/> Advanced User
Circle the programs you know how to use	<input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Access <input type="checkbox"/> Browser <input type="checkbox"/> HTML <input type="checkbox"/> Programming Language _____ <input type="checkbox"/> Graphic Design

What is your skill level in using Smart phones and mobile devices? <i>Circle & or include notes</i>	<input type="checkbox"/> Beginner User <input type="checkbox"/> Proficient User <input type="checkbox"/> Advanced User

Other interests and abilities you want to share?	
--------------------------------------------------	--

What kind of accommodations, support or assistance have you received in the past as a student or during employment? Please be as honest as possible about what type of support you required.

Demographics

Ethnicity: ("X" ONLY one with which you mostly identify)		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Reported	
Race: ("X" those with which you identify)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown
<input type="checkbox"/> Not Reported		

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Diagnosis and Services

Do you have a formal diagnosis of Autism or Asperger Syndrome? YES NO

Age of Diagnosis? _____

Formal Diagnosis at the time? (Autism, PDD-NOS, Asperger's, ...) _____

Do you have other disability or diagnosis that affect your ability to work or seek employment? If Yes, please list below: YES NO

Are you a current client of the Regional Center? YES NO
If yes, please list current services you are receiving.

If no, did you apply to the Regional Center for services and did not qualify for services? YES NO

Are you a client of the Department of Rehab? YES NO
If yes, please list current services you are receiving.

Please provide your DOR ID Number:

Please provide your DOR Counselor's name and contact info:

Name: _____

Phone: _____

email: _____

Do you receive or qualify for SSI? YES NO

Are you a US legal resident? YES NO

Have you ever been convicted of a felony? YES NO

Date: _____

Applicant name: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

This application by completed by: ____myself, or ____ I had help from _____

Signature: _____ Date: _____

Please complete and return the application by mail to:

**Juan Leon
NFAR Technical Training
PO Box 502177
San Diego, CA 92150-2177**

Or Fax to 858-635-5721

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Mark an X along the line at the spot that best describes your ability with 1 being "Very able to do" and 5 being "Not able to do"

	Very Able to Do			Not Able to Do	
	1	2	3	4	5
Remain seated and be able to work four hours per day with two or three 10 minute-long breaks	1	.....	.....	.....	5
Know when to speak up and ask for help	1	.....	.....	.....	5
Be able to speak up and ask for help	1	.....	.....	.....	5
Follow complex written instructions	1	.....	.....	.....	5
Follow verbal instructions	1	.....	.....	.....	5
Work part time	1	.....	.....	.....	5
Arrive at work on time	1	.....	.....	.....	5
Work under deadline, under pressure	1	.....	.....	.....	5
Switch quickly from one task to another with help	1	.....	.....	.....	5
Work independently	1	.....	.....	.....	5
Work with minimal supervision	1	.....	.....	.....	5
Work with close supervision	1	.....	.....	.....	5
Concentrate on work you don't enjoy	1	.....	.....	.....	5
Express your ideas in a one-on-one setting	1	.....	.....	.....	5
Pay close attention to detail	1	.....	.....	.....	5
Do assignments involving writing or typing on keyboard	1	.....	.....	.....	5
Use a computer	1	.....	.....	.....	5
Precisely record your action steps so that others can replicate what you have done	1	.....	.....	.....	5
Work quickly	1	.....	.....	.....	5
Accept corrections from supervisor	1	.....	.....	.....	5
Find errors in a pattern	1	.....	.....	.....	5
Double check your work	1	.....	.....	.....	5