



ABA THERAPY & TRAINING SERVICES INC

Application for employment
Print Clearly And Legibly

SECTION 1: NAME/ ADDRESS

| | | | |
|-------------------|--------|--------|------------|
| LAST: | FIRST: | MI: | |
| ADDRESS: | | | |
| CITY: | STATE: | Zip: | TELEPHONE: |
| SOCIAL SECURITY#: | DOB: | EMAIL: | |

SECTION 2: DESIRED EMPLOYMENT

| | |
|--|---------------------|
| POSITION: | DATE YOU CAN START: |
| ARE YOU CURRENTLY EMPLOYED?: () YES () NO IF EMPLOYED, MAY WE INQUIRED OF YOUR CURRENT EMPLOYER?: () YES () NO | |
| HAVE YOU APPLIED TO THIS AGENCY BEFORE?: () YES () NO IF SO, WHEN: | |

SECTION 3: EDUCATION

| | | | |
|---|----------------------------|-----------------|---------------|
| HIGH SCHOOL | NAME & LOCATION OF SCHOOL: | | |
| | YEARS ATTENDED: | DATE GRADUATED: | DEGREE: |
| UNIVERSITY/ COLLEGE UNDERGRADUATE | NAME & LOCATION OF SCHOOL: | | |
| | YEARS ATTENDED: | DATE GRADUATED: | DEGREE: |
| UNIVERSITY/ COLLEGE UNDERGRADUATE | NAME & LOCATION OF SCHOOL: | | |
| | YEARS ATTENDED: | DATE GRADUATED: | DEGREE: |
| TRADE, BUSINESS CORRESPONDENCE SCHOOL | NAME & LOCATION OF SCHOOL: | | |
| | YEARS ATTENDED: | DATE GRADUATED: | COURSE STUDY: |

SECTION4: EMPLOYMENT HISTORY

| | | |
|------------|------------|---------------------|
| EMPLOYER: | JOB TITLE: | |
| ADDRESS: | DUTIES: | |
| PHONE: | SALARY: | |
| DATE FROM: | DATE TO: | REASON FOR LEAVING: |

| | | |
|------------|------------|---------------------|
| EMPLOYER: | JOB TITLE: | |
| ADDRESS: | DUTIES: | |
| PHONE: | SALARY: | |
| DATE FROM: | DATE TO: | REASON FOR LEAVING: |

| | | |
|------------|------------|---------------------|
| EMPLOYER: | JOB TITLE: | |
| ADDRESS: | DUTIES: | |
| PHONE: | SALARY: | |
| DATE FROM: | DATE TO: | REASON FOR LEAVING: |

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SECTION 5: PERSONAL REFERENCES

| | |
|----------|---------------|
| NAME: | OCUPATION: |
| ADDRESS: | RELATIONSHIP: |
| PHONE: | YEARS KNOWN: |

| | |
|----------|---------------|
| NAME: | OCUPATION: |
| ADDRESS: | RELATIONSHIP: |
| PHONE: | YEARS KNOWN: |

| | |
|----------|---------------|
| NAME: | OCUPATION: |
| ADDRESS: | RELATIONSHIP: |
| PHONE: | YEARS KNOWN: |

SECTION 6: PHYSICAL RECORD

| | |
|---|------------------|
| DO YOU HAVE ANY PHYSICAL DISABILITIES THAT WOULD PREVENT YOU FROM PERFORMING THE WORK FOR WICH YOU ARE APPLYING?: () YES () NO IF SO, PLEASE DESCRIBE: | |
| HAVE YOU EVER BEEN INJURED? () YES () NO | PROVIDE DETAILS: |

SECTION 7: LICENSES/CERTIFICATION / PROVIDER / NPI

| TYPE | # | EFFECTIVE DATE | EXP DATE (if aplicable) |
|------|---|----------------|-------------------------|
| | | | |
| | | | |
| | | | |
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| | | | |
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SECTION 8: AVAILABILITY

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|----------|--|
| AREAS | |
| SCHEDULE | |
| COMMENT | |

SECTION 9: ADDITIONAL AREAS OF EXPERTISE

| | |
|---|------------------|
| LIST THE LANGUAGES YOU SPEAK, READ AND WRITE FLUENTLY: | |
| | |
| AREAS OF SPECIALIZED STUDY, RESEARCH OR ADDITIONAL EXPERIENCE: | |
| | |
| U.S. MILITARY SERVICE: | SEPARATION RANK: |
| | |
| PRESENT MEMBERSHIP IN NATIONAL UARD OR RESERVES: () YES () NO | |

SECTION 10: EMERGENCY CONTACT INFORMATION

| | |
|----------|------------|
| NAME: | RELATION: |
| ADDRESS: | TELEPHONE: |

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APPLICANT'S CERTIFICATION AGREEMENT

1. I understand that I may submit a copy of my résumé or curriculum vitae (CV) and that by submitting a copy of my
2. I understand that if I should choose to complete only a portion of the required employment application that the
3. I authorize the investigation of all statements contained in this application and release from all liability any persons or
4. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge.
5. I agree, if I am offered and accept a position, to conform to all existing and future workplace rules, regulations,
6. I understand and agree that reserves the right to change any wage and hours of work, in its sole discretion, at any

time as deemed necessary.

7. I understand the employment relationship will be At Will, meaning that either party can end the employment

relationship at any time, and for any reason, or no reason with written notice.

8. I understand that I must submit to fingerprinting/background checks, drug testing, and/or medical testing as part of the process to determine my fitness for employment and hereby agree to submit to such testing. I authorize all persons, agencies, or other entities to release any information concerning my background or test results and hereby release from all

9. I understand that any employment offer is contingent upon my providing proof of identity and eligibility to work

within the United States to conform with the provisions of the Immigration Reform and Control Act of 1986.

10. I understand that all programs developed as part of my job responsibilities and all materials that I am entitled to

I have read and reviewed the information contained in this employment application, as well as the above-mentioned statements.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: ____ / ____ / ____

_____ is an Equal Employment Opportunity employer, and we do not discriminate in our hiring or employment practices. All

FOR INTERNAL USE ONLY:

Printed Name of Interviewer: _____

Date: __ . Time: __ : __ : __ am/pm (circle one)

Interviewer's Comments:

| AGENCY AUTHORIZED REPRESENTATIVE INTERVIEWER | | |
|--|------------|-------|
| HIRED? YES () NO () | SIGNATURE: | DATE: |