

ABA Spectrum Therapy, LLC Employment Application



Please complete the entire application
Please Print

Today's date: _____

It is the policy of ABA Spectrum Therapy, LLC to provide equal employment opportunities to all applicants and employees without regard to a legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

PERSONAL INFORMATION

Name: _____ Last 4 digits of Social Security #: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Date of birth: _____ Are you legally eligible for employment in the U.S.? Yes ___ No ___

Phone Number: _____ home/cell Email: _____

EDUCATION

Circle Highest Grade/Number of Years Completed:

9 10 11 12
High School

1 2 3 4 5
College

1 2 3 4 5
Graduate School

List Degrees Obtained: _____

PROFESSIONAL LICENSES (PLEASE ATTACH A COPY)

TYPE OF LICENSE	STATE GRADING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRADING LICENSE	LICENSE NUMBER

EMPLOYMENT

Position Desired: _____ Hourly Wage Desired: _____

Are you currently employed? If yes, please list your employer: _____

May we contact your employer? Yes ___ No ___

What days are you available to work? S M T W Th F S

What hours each day are you available to work? Be specific. _____

If offered employment, when would you be available to begin work? _____

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? (lifting 40+ pounds, standing, sitting on the floor, running, etc)
Yes ___ No ___

What reasonable accommodation, if any would you request? _____

DRIVING INFORMATION (PLEASE ATTACH A COPY)

Do you have a current driver's licenses? Yes ___ No ___

State: _____ License No: _____ Expiration Date: _____

Do you have a current auto insurance policy? Yes ___ No ___

REFERENCES: (please list three professional references)

NAME	RELATIONSHIP	COMPANY	PHONE / ALTERNATE PHONE
1			
2			
3			

WORK EXPERIENCE

Please list work experience below: (If resume has the same information as below, write "see resume"
Most recent job first)

<p>FROM</p> <p>_____/_____ Mo. Yr.</p> <p>To</p> <p>_____/_____ Mo. Yr.</p>	COMPANY NAME		YOUR POSITION & TITLE		
	NUMBER & STREET		SUPERVISOR'S NAME, TITLE & POSITION		
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY	
			\$	\$	
	TELEPHONE NUMBER ()		TERMINATION REASON <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR <u>DUTIES</u>					
<p>FROM</p> <p>_____/_____ Mo. Yr.</p> <p>To</p> <p>_____/_____ Mo. Yr.</p>	COMPANY NAME		YOUR POSITION & TITLE		
	NUMBER & STREET		SUPERVISOR'S NAME, TITLE & POSITION		
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY	
			\$	\$	
	TELEPHONE NUMBER ()		TERMINATION REASON <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR <u>DUTIES</u>					

FROM _____/_____ Mo. Yr.	COMPANY NAME		YOUR POSITION & TITLE	
	NUMBER & STREET		SUPERVISOR'S NAME, TITLE & POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
TO _____/_____ Mo. Yr.	TELEPHONE NUMBER ()		TERMINATION REASON <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	
	\$		\$	
	BRIEFLY DESCRIBE YOUR MAJOR <u>DUTIES</u>			

I have submitted the Application for Employment to the ABA Spectrum Therapy, LLC for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from ABA Spectrum Therapy LLC's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with ABA Spectrum Therapy, LLC in the position I am seeking.

References: I hereby authorize ABA Spectrum Therapy, LLC and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form.

SIGNED: _____

DATE: _____

Authorization for Background Check: (Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize ABA Spectrum Therapy, LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that ABA Spectrum Therapy, LLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee's Name - Printed