

Employment Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You cannot be considered for employment if you fail to completely answer all the questions on the application.



Clinic:
188 Onville Road Stafford, VA 22556

Office: 540- 645-4777

Fax: 540-242-3216

Email: info@aba-providencecommunity.com

Position applying for	Date
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PERSONAL DATA

Name				
Street Address and/or Mailing Address		City	State	Zip
Home Telephone Number	Social Security Number	Cellular Telephone Number		
Date you can start work	Desired Hourly Rate	Did you complete/earn a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

POSITION INFORMATION Check all that you are willing to work

Hours: Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Morning <input type="checkbox"/>	Midday <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evenings <input type="checkbox"/>	Saturday <input type="checkbox"/>	Do you have reliable transportation to use ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the U.S. on an unrestricted basis?							Yes <input type="checkbox"/> No <input type="checkbox"/>
CPR/BLS Certification List Association		Issue Date	Renewal/Exp Date		Yes <input type="checkbox"/> No <input type="checkbox"/>		
RBT Certification Issued by: BACB Certification ID:		Issue Date	Renewal/Exp Date		Have you completed the 40-hour RBT Training -Please provide a copy of the certification (required)		
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Can you perform these essential functions of the job with reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>							

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			
Other			

SPECIAL SKILLS List any special certifications or training courses completed.

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REFERENCES Provide three Professional References who are/were Managers, Supervisors, Team Leads or Direct Supports. Complete the entire section.

Name /Title	Company, City & State	Phone /Email	Relationship -Manager/Supervisor Team Lead or Direct Report

WORK HISTORY Start with your present or most recent employment and work back.		
Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I acknowledge and understand that Providence Community ABA, LLC is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

I authorize Providence Community ABA, LLC utilizing this signature page as a Release of Information to conduct all Employment, Education and Reference verifications needed.

In addition to this employment application a Background Screening Employment Application Consent Form will be required.

Provide Date of Birth:

Applicant Name -Print, Sign (List last xxxx of social security number)

Date