



Application for Employment

Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Cell Phone: _____ Email: _____

If you have resided at your present address for less than three years, list other addresses at which you have resided during the past three years. (Include number, street, city, state, and zip code.)

Address: _____

Dates at this address: _____

Address: _____

Dates at this address: _____

Address: _____

Dates at this address: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

What hours are you available? _____

Will you work overtime if requested? Yes No

Have you ever been convicted of a crime that has not been expunged by a court? (This will not necessarily affect your application). Yes No

If yes, please describe conditions: _____

Employment Desired

Are you presently employed? Yes No

May we contact your present employer? Yes No

Are you available for full-time work? Yes No

Are you available for part-time work? Yes No

Are you willing to work in clients' homes? Yes No

Are you willing to travel? Yes No

If yes, what percent? _____

Date you can start: _____

Desired position: _____

Desired starting salary: _____

Education

	School Name and Location	Year	Major	Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Post-College:	_____	_____	_____	_____

Licenses and Certifications

List all professional licenses and certifications you have held within the past 10 years:

Have you ever had a professional license or certification suspended or revoked? Yes No

If yes, explain: _____

Employment History

(Start with most recent employer and list all employers for the past 10 years)

Company Name: _____

Address: _____ Telephone _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact this employer? Yes No

Reason for leaving: _____

Company Name: _____

Address: _____ Telephone _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact this employer? Yes No

Reason for leaving: _____

Company Name: _____

Address: _____ Telephone _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact this employer? Yes No

Reason for leaving: _____

Have you ever been discharged from any job position? Yes No If yes, explain:

In addition to your education and work history, are there other skills, qualifications, or experience that we should consider?

References

List three references, not related to you, who have known you for more than one year, two professional and 1 personal is preferred.

Name: _____ Phone: _____ Email: _____

Professional or Personal Reference: _____ Years Known: _____

ADMIN ONLY reference check date: _____

Name: _____ Phone: _____ Email: _____

Professional or Personal Reference: _____ Years Known: _____

ADMIN ONLY reference check date: _____

Name: _____ Phone: _____ Email: _____

Professional or Personal Reference: _____ Years Known: _____

ADMIN ONLY reference check date: _____

Emergency Contact

In case of emergency, please notify:

Name: _____ Phone: _____

Address: _____

Please Read Before Signing

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I agree that BehaviorWorks ABA and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application.

I authorize BehaviorWorks ABA and its agents to investigate the statements contained in this application, including interviewing the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct.

I hereby release all parties, including but not limited to, BehaviorWorks ABA, its agents and employees, my personal references, medical providers and previous employers, from any and all liability for any injury or damage, or claims thereof, resulting from furnishing any information to BehaviorWorks ABA concerning me or any action based on any such information.

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment by BehaviorWorks ABA would be contingent upon my ability to produce the required documentation within the time period required by law.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by BehaviorWorks ABA or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other company material do not create any guarantee of employment and BehaviorWorks ABA has the right to modify, amend or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law.

Signature of Applicant

Date

At BehaviorWorks, we recognize that there is strength in our differences. It is through these differences we foster acceptance and appreciation for one another. BehaviorWorks LLC does not discriminate against anyone because of race, color, national origin, disability, sex, gender identity, or age in admission, treatment, employment, or community partnership. Inclusion encourages employees and clients to be their authentic selves. We maintain a solid commitment to listening, engaging, and working together for our shared mission and vision, ultimately creating a sustainable workforce that reflects the diverse populations we support.

BehaviorWorks ABA
Fair Credit Reporting Act Disclosure, Authorization and Release

Applicant/Employee Disclosure

You are hereby notified that a "consumer report" or an "investigative consumer report" may be obtained from a consumer reporting agency, other agency or directly by Behavior Works, LLC d/b/a BehaviorWorks ABA ("BehaviorWorks") for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. The terms "consumer report" and "investigative consumer report" are defined in the Fair Credit Reporting Act, which applies to you.

The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private record sources or through personal interviews with your neighbors, friends, associates or educational facility, or other persons who may have knowledge concerning such information.

Applicant/Employee Authorization and Release

In connection with my application for employment (including contract for services), I understand that consumer reports and investigative consumer reports may be requested or made on me which include, among other items, consumer credit history, criminal conviction and guilty plea records, driving records, education records, prior employer verifications, social security number verification, state licensing records, court records, character references, neighbor interviews, workers compensation claims and other claims, from any public or private source. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various federal, state, local and other agencies, which contain my past activities. I freely give my consent to BehaviorWorks to conduct such investigations and obtain such reports and I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract for services).

I hereby authorize without reservation, all businesses, current and former employers, supervisors, consumer reporting agencies, educational institutions, state and federal agencies, and all other persons, entities and organizations to furnish the above-mentioned information about me to BehaviorWorks. I hereby release and hold harmless all parties from any and all claims and liability for complying with or responding to this Authorization. I further acknowledge that a fax, photocopy, or electronic format (such as a PDF or JPG file) of this release will be as valid as the original.

If any security freeze has been placed on any of my accounts or reports with any consumer reporting agency, I will contact each such agency and obtain a temporary lift of the freeze for 90 days so that BehaviorWorks can obtain my consumer report.

I understand that I have the right to receive information about the nature and scope of any investigative consumer report obtained by BehaviorWorks within five (5) days after BehaviorWorks receives my request or five (5) days after the investigative consumer report is requested by BehaviorWorks, whichever is later. I understand that before any adverse employment action is taken toward me based in whole or in part on information in an investigative consumer report, I will be provided a copy of the report, a description in writing of my rights under the Fair Credit Reporting Act, the name and address of the consumer reporting agency making the report, and will be allowed five (5) days to contact the consumer reporting agency to dispute or explain the report.

I acknowledge that I have received and read a copy of "A Summary of Your Rights Under The Fair Credit Reporting Act" and a copy of "Disclosure Regarding Security Freezes for Consumer Reports" at the time of signing this Release.

Print your full name _____
First *Middle* *Last (also Maiden if any)*

Street Address _____

City _____ **State** _____ **ZIP** _____

Social Security Number _____ - _____ - _____ **Date of Birth** _____ - _____ - _____
Mo *Day* *Year*

Country of Birth: _____ **State of Birth:** _____

Drivers License: **State** _____ **License Number** _____

Other or Former names _____

Professional License: _____ **Race** _____ **Gender** _____

Signature _____ **Date** _____