



ABA 4 Autism Inc. Employment Application

Contact Info

First name:

Last name:

Address:

City:

State:

Zip:

Phone Number:

Email:

Position you are seeking

Full or Part time?

Personal

How did you become interested in a position as a behavior therapist?

What is your experience with or knowledge of Applied Behavior Analysis?

What would make you a great ABA therapist?

Do you have experience managing challenging behaviors? If so, briefly describe the population and the types of behaviors you observed.

Have you ever been arrested for or convicted of a crime that has not been annulled by a court?

yes no

Are you a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis?

yes no

Visa Type:

Visa Number:

Expiration Date:

If applicable, please list your visa type, visa number and expiration date:

License Number:

State of Issue:

Expiration Date:

Do you have a driver's license?

yes no

Have you had any accidents during the past three years?

yes no

Have you had any moving violations during the past three years?

yes no

Do you have your own vehicle?

yes no

Are you comfortable transporting clients?

yes no

If so, how many?

If so, how many?

How far are you willing to travel to a client's home to provide therapy services?

Do you have full insurance coverage on your vehicle?

yes no

Do you have regular access to the internet?

yes no

Are you able to lift 60 pounds?

yes no

What is your desired salary?

Education

Fill in all that apply.

| Name of School | Location | Years Completed | Major and Degree |
|----------------|----------|-----------------|------------------|
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Employment History

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.

1. Employer Name and Address:

Name of last supervisor **Employment dates** **Starting/Ending Salary**

Your job title **Reason for leaving**

Phone number:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

2. Employer Name and Address:

Name of last supervisor **Employment dates** **Starting/Ending Salary**

Your job title **Reason for leaving**

Phone number:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

3. Employer Name and Address:

Name of last supervisor **Employment dates** **Starting/Ending Salary**

Your job title **Reason for leaving**

Phone number:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Availability

In-Home ABA therapy sessions usually occur after school and on weekends. In some cases, daytime hours become available. However, ABA therapists should expect to work the bulk of their hours after school and into the evening. Please indicate your availability for each day below.

Sun. ----

Mon. ----

Tue. ----

Wed. ----

To: ----

To: ----

To: ----

To: ----

Thu. ----

Fri. ----

Sat. ----

Date you can start?

To: ----

To: ----

To: ----