



**Employment Application**

<b>General Information</b>	
Position applied for:	Location applied for:
Date:	
Applicates Name:	
Address, City:	
Telephone Number:	
Email Address:	
Languages:	

<b>Emergency Contact</b>			
Name	Email	Phone Number	Relationship

<b>Background Information</b>		
	<b>Yes</b>	<b>No</b>
If you are under 18 can you provide proof you are eligible to work?	<input type="checkbox"/>	<input type="checkbox"/>
Can you show proof and legal authorization to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any in-home ABA experience?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have reliable transportation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to complete a background check?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subject to any adverse actions by state licensing or credentialing committee or other sanctioning board based on performance or conduct?	<input type="checkbox"/>	<input type="checkbox"/>



## Availability Form

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Please note that this is the availability we will use to schedule you for cases. Our minimum availability requirements are. Please check off the availability that you can work

**3 days Monday through Friday 3 pm to 7 pm and 1 weekend day 9 am to 12 pm**  
**4 days Monday Through Friday 3 pm to 7 pm**

If your availability changes and we are unable to match you with a then-current client, we may not be able to provide you with hours and, may need to re-evaluate your employment. Please indicate your regular, weekly availability to work and check the shifts that you will be available for. Be sure to include any drive time necessary to get to and from sessions from your personal weekly appointments.

	Check All that Apply		Additional Notes
<b>Monday</b>	<input type="checkbox"/> Morning 8-12 <input type="checkbox"/> Mid-Day 11-3	<input type="checkbox"/> Afternoon 3-7pm <input type="checkbox"/> Evening 5-8:30	
<b>Tuesday</b>	<input type="checkbox"/> Morning 8-12 <input type="checkbox"/> Mid-Day 11-3	<input type="checkbox"/> Afternoon 3-7pm <input type="checkbox"/> Evening 5-8:30	
<b>Wednesday</b>	<input type="checkbox"/> Morning 8-12 <input type="checkbox"/> Mid-Day 11-3	<input type="checkbox"/> Afternoon 3-7pm <input type="checkbox"/> Evening 5-8:30	
<b>Thursday</b>	<input type="checkbox"/> Morning 8-12 <input type="checkbox"/> Mid-Day 11-3	<input type="checkbox"/> Afternoon 3-7pm <input type="checkbox"/> Evening 5-8:30	
<b>Friday</b>	<input type="checkbox"/> Morning 8-12 <input type="checkbox"/> Mid-Day 11-3	<input type="checkbox"/> Afternoon 3-7pm <input type="checkbox"/> Evening 5-8:30	
<b>Saturday</b>	<input type="checkbox"/> Morning 8-12 <input type="checkbox"/> Mid-Day 11-3	<input type="checkbox"/> Afternoon 3-7pm <input type="checkbox"/> Evening 5-8:30	

Employee Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*If there are any changes that need to be made, 30 days' notice must be provided to the client services team (jackiea@unitedbehaviorconsultants.com). If there is a change in availability, this could result in a change of the hours you are currently assigned.*