



## Employment Application

Thank you for considering employment with CT ABA SERVICES LLC Please complete all sections of this application form. All information will be kept confidential.

**Position Applied For:** \_\_\_ Behavior Technician (BT) \_\_\_ Registered Behavior Tech (RBT) \_\_\_ BCBA \_\_\_ Psych

### Personal Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Citizen? [ ] Yes [ ] No

Are you legally eligible to work in the United States? [ ] Yes [ ] No

### Credential

NPI #: \_\_\_\_\_ (If applicable) Date Received: \_\_\_\_\_

BACB #: \_\_\_\_\_ (If applicable) Date Received: \_\_\_\_\_

### Employment History

Please list your last two employers, starting with the most recent.

#### **Current or Most Recent Employer**

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Responsibilities and Achievements:

Reason for Leaving: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Responsibilities and Achievements:

Reason for Leaving: \_\_\_\_\_

**Education**

Please provide details of your educational background.

Highest Level of Education Completed

School Name: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Additional Education or Training (if applicable)

School Name: \_\_\_\_\_

Degree/Certification Earned: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

**Additional Language** Spanish ☐ Yes ☐ No**Certifications**

Please list any relevant certifications you hold.

Attach copies if required. (PMT, CPR, etc.)

Certification Name: \_\_\_\_\_

Issuing Organization: \_\_\_\_\_ Date Earned: \_\_\_\_\_

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Issuing Organization: \_\_\_\_\_ Date Earned: \_\_\_\_\_

Certification Name: \_\_\_\_\_

Issuing Organization: \_\_\_\_\_ Date Earned: \_\_\_\_\_

**References**

Please provide three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Information**

Please use this space to provide any additional information about yourself that you believe would be relevant to your application:

**Authorization and Certification**

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may result in disqualification from employment or termination if already employed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[Attach your resume and any additional documents as required]**

**Submission Instructions**

Please submit this completed application form, along with your resume and any additional documents, to the following address:

[TJG@CTABASERVICES.COM](mailto:TJG@CTABASERVICES.COM)

Thank you for your interest in joining CT ABA SERVICES LLC. We appreciate your time and consideration.

**CT ABA SERVICES** LLC  
11 BOTSFORD RD.  
SEYMOUR CT, 06483

