



❑ **Government Documents**

- Social Security Card
- Driver's License (or Permanent Resident Card)

❑ **Background Screening**

- Medicaid Background Screening Level 2 (**every 5 years**)
- Local Police Records (Police Department) (**every 3 years**)

❑ **Required Education (Trainings)**

- High School Diploma or higher)
- Professional Licenses (when applicable)
- 40 hours course Proof of Training
- BACB certificate or letter
- CEU - Direct Core Competency (Course ID No: 1060050)

Every 2 years

- CEU - C.P.R. & First Aid: by American Heart Association Red Cross or American CEU - Safety Health Institute course PCMA level practitioner 2 class day 14 hours 198\$ includes books and exam. Class from 10 am to 6pm 2 Thursday or 2 Saturdays. Call to 7863167106). OR call or text Nelson +1 (305) 491-3494 Location Lehigh Acres. Renovation is Every 1 year. Where to register?
<https://www.behaviorup.com/event-details/pcm-training-3>. Price 198\$.
- CEU - HIPAA: <http://learn.myattain.org>
- CEU - HIV/AIDS
- CEU - OSHA
- CEU - Infection Control
- CEU - Medical Errors
- CEU -Professional Crisis Management (must be presential

❑ **General Requirements**

- Physical Exam with TB Medical Clearance (TB Skin Test or Chest X-ray)
- Cell Phone
- Resume
- Two Recommendation Letters
- Liability (Malpractice) Insurance
- Proof of Automobile Registration
- Proof of Automobile Insurance
- Medicaid Provider letter

Kids therapy solutions Corp

700 South Main Street. LaBelle, FL 33935

Ph: (239)5448602. Fax Number: (239)2302993

Email: info@kidstherapysolutions.com

www.kidstherapysolutions.com



Application for Employment An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For: _____ Today's Date: _____

Are you seeking: Full-Time ☐ Part-Time ☐ Temporary ☐ employment? When could you start work? _____

Last Name First Name Middle Name Telephone Number Email

Desired Earn?: _____ Do you have Medicaid Provider ID: Yes ☐ No ☐

Present Street Address City State Zip Code

Are you 18 years of age or older?..... Yes ☒ No ☐
(if you are hired, you may be required to submit proof of age.)

Social Security # _____ DOB: _____ If hired, can you finish proof you are eligible to work in the U.S? Yes ☒ No ☐

Have you every applied here before? Yes ☐ No ☒ If yes, when? _____

Were you employed here before? Yes ☐ No ☒ If yes, when? _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or no contest." Exclude minor traffic violations.) Yes ☐ No ☒

If yes, give details _____

(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of this job?..... Yes ☐ No ☒

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver license?.....

Driver License Number: _____ Class of License: _____ State Licensed In: _____

Have you ever had your driver license suspended or revoked in the last 3 years?..... Yes ☐ No ☒

If yes, give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS (Number of years completed, Diploma/Degree/Certificate, Subjects Studied)

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

Client Assignment Preferences (Circle all that apply)

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AM PM	Fort Myers / Naples / Immokalee / Cape Coral / Estero / Bonita Spring / Lehigh Acres/ Labelle/ Moore Haven
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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
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CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other names?.....Yes ☐ No ☐

If yes, give names: _____

Are you presently employed?.....Yes ☐ No ☐

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign?..... Yes ☐ No ☐

If yes, please explain: _____

Give three references who are not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE Independent Contractor. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.



Signature: _____ Date: _____