

# Employment Application

If you're interested in one of our open positions, start by completing our employment application below.

We look forward to getting to know you!

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\* Required

1. Email \*

2. Name (Last, First, Middle): \*

3. Date: \*

4. Social Security Number: \*

5. Date of Birth: \*

6. Street Address: \*

7. City/State/Zip: \*

8. Phone Number (Cell): \*

9. Phone Number (Home): \*

10. In Case of Emergency Contact Name: \*

11. Emergency Contact Phone Number: \*

*Skip to question 12*

#### Credentials

12. Professional Credentials:

13. Highest Degree Obtained: \*

14. Major of Degree: \*

15. Licenses & Certifications Obtained: \*

16. National Provider Identifier (NPI) #:

17. Private Practice Liability Insurance Provider: (Company, Policy #, and dates of coverage)

#### Position & Availability

18. \*

19. Position Applying For:

20. Desired Hourly Rate:

21. Hours Desired:

22. Date Available to Start:

*Example: January 7, 2019*

23. Days Available:

*Check all that apply.*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

24. Times Available:

## Employment History

25. Employer: \*

26. Address: \*

27. Telephone: \*

28. E-mail address \*

29. Position: \*

30. Dates of Employment (Month/Year): \*

31. Hours worked per week: \*

32. Reason for Leaving: \*

33. Name and # of Supervisor:

34. May we contact your employer? \*

*Mark only one oval.*

Yes

No

35. Employer 2: \*

36. Address: \*

37. Telephone: \*

38. E-mail address \*

39. Position: \*

40. Dates of Employment (Month/Year): \*

41. Hours worked per week: \*

42. Reason for Leaving: \*

43. Name and # of Supervisor:

44. May we contact your employer? \*

*Mark only one oval.*

Yes

No

45. Employer 3:

46. Address:

47. Telephone:

48. E-mail address \*

49. Position:

50. Dates of Employment (Month/Year):

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51. Hours worked per week:

52. Reason for Leaving:

53. Name and # of Supervisor:

54. May we contact your employer?

55. List other applicable employment history: \*

56. List 3 Professional References (Name, Relationship, Phone Number, E-mail) \*

**BACKGROUND  
SEARCH  
RELEASE  
AUTHORIZATION**

I voluntarily consent to and authorize ABA4U, herein referred to as company, and/or their assigned agents, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, D.M.V. Records, Civil Records, Employment/Rental Verifications, Education Verification and Consumer Credit Reports. I authorize any persons, companies, corporations, consumer reporting agencies, courts of law, current or past employer to furnish company and or their assigned agents, associates or consumer reporting agencies with any or all information concerning me. I further agree to release ABA4U and or their assigned agents, associates or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research. I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

**PRIOR ADDRESSES (PAST 7 YEARS)**

List Address, City, State, Zip Code

57. PRIOR ADDRESS #1: \*

58. PRIOR ADDRESS #2: \*

59. PRIOR ADDRESS #3: \*

60. PRIOR ADDRESS #4:

61. PRIOR ADDRESS #5:

62. Social Security Number: \*

63. Date of Birth: \*

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*Example: January 7, 2019*

64. Drivers License Number: \*

65. State: \*

66. Signature: \*

67. Date: \*

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*Example: January 7, 2019*



Applicant's  
Certification  
and  
Agreement:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize ABA 4U, LLC to verify their accuracy and to obtain reference information on my work performance. I hereby release ABA 4U, LLC from any/ all liability of whatever kind of nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of ABA 4U, LLC. However, I further understand that neither the policies, rules, and regulations of employment or anything said during the interview process shall be deemed to constitute the term of an implied employment contract. I understand that any employment offered is on a three-month introductory period and at will that ABA 4U, LLC or I may terminate my employment at any time with or without notice or cause.

68. Name of Applicant:

69. Signature of Applicant: \*

70.

*Example: January 7, 2019*

Send a copy of your completed application and your resume to:  
[info@aba4unj.com](mailto:info@aba4unj.com)