



Application for Employment

Please complete the entire application.

1. Employer Information

Employer:	DevelopMeant Therapy Center
Address:	8235 N Silverbell Rd Ste 175
City/State/ZIP:	Tucson, Arizona 85743
Telephone:	(520) 540-4998

It is the policy of DevelopMeant Therapy Center, to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

2. Applicant Information

Applicant Full Name:	
Home Address:	
City/State/ZIP:	
Number of years at this address:	
Daytime Phone:	Evening Phone:
Mobile Phone:	

3. Emergency Contact

Who should be contacted if you are involved in an emergency?	
Contact Name:	
Relationship to you:	
Address:	
City/State/ZIP:	
Daytime Phone:	Evening Phone:
4. Job Position Applied For: Behavior Technician / Registered Behavior Technician	
5. Salary Desired: \$ per	



6. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

7. Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

8. Are you at least 18 years old? _____ Yes _____ No

9. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

10. If you are offered employment, when would you be available to begin work?

11. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

12. Have you ever been convicted of a felony or misdemeanor?

_____ Yes, I was convicted of _____ on _____ (date)
in _____ (city), _____ (state)

_____ No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN
AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF
EMPLOYMENT.

13. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)



☐ Compliance with HIPAA and confidentiality requirements of the Behavior Analysts Certification Board. Years of Experience	Rating 1 2 3 4 5
☐ Direct experience working with children with Autism Spectrum Disorder and other developmental disabilities. Years of Experience	Rating 1 2 3 4 5

14. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):



15. Applicant's Education and Training

College/University Name and Address		
Did you receive a degree?	Yes	No If yes, degree(s) received:
High School/GED Name, Graduation Date and Address		
Name _____		Address _____
City _____	State _____	Zip Code _____
Date/Year of Graduation		
Did you receive a degree?	Yes	No
Other Training (graduate, technical, vocational):		
Please indicate any current professional licenses or certifications that you hold:		
Awards, Honors, Special Achievements:		

16. Prior Military Service:

Yes	No
Branch:	
Specialized Training:	

17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:



Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize DevelopMeant Therapy Center, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Executive Director, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of DevelopMeant Therapy Center, Inc., except in a specific written contract of employment signed on behalf of the organization by its Executive Director, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date