



*Aspen*  
BEHAVIORAL CONSULTING

# Employment Application

2487 S. Gilbert Rd., Ste. 106-153

Gilbert, AZ 85295

**P:** (480) 744-5286

**F:** (480) 675-4538

<http://aspenbehavioral.com>

[info@aspenbehavioral.com](mailto:info@aspenbehavioral.com)



At Aspen Behavioral Consulting, we strive to empower and maximize the effectiveness of those we partner with through the education and utilization of behavior analytic practices. We want to thank you for reaching out to Aspen Behavioral Consulting regarding the opportunities available for future partnerships related to employment. We look forward to continued conversations regarding the positions currently available, your relevant experiences in the field, and the values, mission and standards of excellence that the staff at Aspen Behavioral Consulting maintains.

Throughout all phases of the employment process, our intent is to gain an understanding of each applicant's experiences, education, and commitment to future personal and professional development in order to determine the best fit for Aspen Behavioral Consulting's culture, future development and desired outcomes. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, gender identity, marital status, sexual orientation or other protected classification. The information obtained within the attached application will provide Aspen Behavioral Consulting with the preliminary information needed to determine the best steps moving forward. If at any time within the process you have questions or concerns or would like clarification, please do not hesitate to reach out for support. You can reach Kristine Mooney, the Chief Clinical Officer at Aspen Behavioral Consulting directly at (480) 744-5286 or via email at [kristine@aspenbehavioral.com](mailto:kristine@aspenbehavioral.com).

To participate in an application for employment with Aspen Behavioral Consulting, please review and complete the documents included in this packet. A checklist has been provided below to assist in ensuring all requested documents are reviewed, completed and submitted.

| <b>Employment Application Checklist</b>                        |                           |                       |                 |
|--|---------------------------|-----------------------|-----------------|
| <b>Title of Document</b>                                       | <b>Location in Packet</b> | <b>Date Completed</b> | <b>Initials</b> |
| <b><u>Applicant Information</u></b>                            | <b>3</b>                  |                       |                 |
| <b><u>Availability</u></b>                                     | <b>3</b>                  |                       |                 |
| <b><u>Criminal History</u></b>                                 | <b>4</b>                  |                       |                 |
| <b><u>Educational History</u></b>                              | <b>4</b>                  |                       |                 |
| <b><u>Certification and Licensure</u></b>                      | <b>4</b>                  |                       |                 |
| <b><u>Employment History</u></b>                               | <b>4-5</b>                |                       |                 |
| <b><u>Additional Experiences, Skills or Qualifications</u></b> | <b>5</b>                  |                       |                 |
| <b><u>Professional References</u></b>                          | <b>5</b>                  |                       |                 |
| <b><u>Applicant Certification and Agreement</u></b>            | <b>6</b>                  |                       |                 |

A finalized packet, along with copies of your resume, unofficial transcripts (for highest degree held) and certifications and/or licenses will be required prior to an interview being considered.

| Applicant Information |   |                       |  |
|-----------------------|---|-----------------------|--|
| Date of Application:  |   | Referred By:          |  |
| Position Desired:     | Behavior Technician<br>Behavior Analyst   | Desired Compensation: |  |
| Legal Name:           |   |                       |  |
| Address:              |   |                       |  |
| Phone:                |   |                       |  |
| Email:                |   |                       |  |
| Availability          |   |                       |  |
| Citizenship:          | Are you a citizen of the United States?<br>Yes                  No<br>If you are not a US citizen, are you authorized to work in the United States?<br>Yes                  No<br>Please describe:  |                       |  |
| Desired Hours:        | Please check the box that most accurately reflects the number hours you desire to work at Aspen Behavioral Consulting:<br>0-10                  10-20                  20-30                  30-40 |                       |  |

ABA sessions through Aspen Behavioral Consulting are typically 2-3 hours in duration and are scheduled in advance for 90 days at a time. With that in mind, please indicate the hours during the week that you are available for scheduled sessions:

| Time  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--------|---------|-----------|----------|--------|----------|
| 7:00-8:00am   |        |         |           |          |        |          |
| 8:00-9:00am   |        |         |           |          |        |          |
| 9:00-10:00am  |        |         |           |          |        |          |
| 10:00am-11:00am   |        |         |           |          |        |          |
| 11:00-12:00pm   |        |         |           |          |        |          |
| 12:00-1:00pm  |        |         |           |          |        |          |
| 1:00-2:00pm   |        |         |           |          |        |          |
| 2:00-3:00pm   |        |         |           |          |        |          |
| 3:00-4:00pm   |        |         |           |          |        |          |
| 4:00-5:00pm   |        |         |           |          |        |          |
| 5:00-6:00pm   |        |         |           |          |        |          |
| Please list any days/hours that you are not able to accommodate, even with advanced notice: |        |         |           |          |        |          |

| Criminal History  |                                      |                            |                    |                         |
|---|--------------------------------------|----------------------------|--------------------|-------------------------|
| <b>Have you been convicted of a crime in the last 7 years?</b>  |                                      | Yes                        | No                 |                         |
| If you responded "yes," please describe:  |                                      |                            |                    |                         |
| <b>Have you ever been convicted of a felony?</b>  |                                      | Yes                        | No                 |                         |
| If you responded "yes," please describe:  |                                      |                            |                    |                         |
| Educational History   |                                      |                            |                    |                         |
| Type  | Dates of Attendance:                 | Name of School             |                    | Diploma/Degree Received |
| High School:  |                                      |                            |                    |                         |
| College:  |                                      |                            |                    |                         |
| Graduate School:  |                                      |                            |                    |                         |
| Other:  |                                      |                            |                    |                         |
| Certification & Licensure   |                                      |                            |                    |                         |
| <b>Certification</b><br>Please identify all certifications which you currently hold:  | Certificate Type                     | Issuing Entity             | Certificate Number | Expiration Date:        |
|   |                                      |                            |                    |                         |
| <b>Licensure</b><br>Please identify all licenses which you currently hold:  | License Type                         | Issuing Entity             | License Number     | Expiration Date:        |
|   |                                      |                            |                    |                         |
| <b>Have any of your certifications or licenses ever lapsed or been revoked or suspended?</b><br>Yes          No<br>If you answered "yes," please indicate the reason for the lapse, revocation or suspension: |                                      |                            |                    |                         |
| Employment History  |                                      |                            |                    |                         |
| <b>Employer's Name:</b>   | <b>Address:</b>                      |                            |                    |                         |
|   | <b>Phone:</b>                        |                            |                    |                         |
|   | <b>Name and Title of Supervisor:</b> |                            |                    |                         |
|   | <b>Start Date:</b>                   | <b>Starting Position:</b>  |                    |                         |
|   | <b>Starting Pay Rate:</b>            |                            |                    |                         |
|   | <b>End Date:</b>                     | <b>Position:</b>           |                    |                         |
|   | <b>Salary Upon Leaving:</b>          | <b>Reason for Leaving:</b> |                    |                         |

|  |  |   |
|--|--|---|
|  | <b>Brief Description of Duties and Responsibilities:</b>   |   |
| <b>Employer's Name:</b>  | <b>Address:</b><br><b>Phone:</b><br><b>Name and Title of Supervisor:</b>                           |   |
|  | <b>Start Date:</b><br><b>Starting Pay Rate:</b><br><b>End Date:</b><br><b>Salary Upon Leaving:</b> | <b>Starting Position:</b><br><b>Position:</b><br><b>Reason for Leaving:</b> |
|  | <b>Brief Description of Duties and Responsibilities:</b>   |   |
| <b>Employer's Name:</b>  | <b>Address:</b><br><b>Phone:</b><br><b>Name and Title of Supervisor:</b>                           |   |
|  | <b>Start Date:</b><br><b>Starting Pay Rate:</b><br><b>End Date:</b><br><b>Salary Upon Leaving:</b> | <b>Starting Position:</b><br><b>Position:</b><br><b>Reason for Leaving:</b> |
|  | <b>Brief Description of Duties and Responsibilities:</b>   |   |
| <b>Additional Experiences, Skills or Qualifications</b>  |  |   |
| Please describe any additional experiences, skills or qualifications that you possess that are not indicated above in your employment history: |  |   |
| <b>Professional References</b>   |  |   |
| <b>List 3 Professional References:</b>   | <b>Name:</b>   | <b>Relationship:</b>  |
|  | <b>Title/Company:</b>  | <b>Preferred Phone:</b>   |
|  | <b>Name:</b>   | <b>Relationship:</b>  |
|  | <b>Title/Company:</b>  | <b>Preferred Phone:</b>   |
|  | <b>Name:</b>   | <b>Relationship:</b>  |
|  | <b>Title/Company:</b>  | <b>Preferred Phone:</b>   |

|  |
|--|
| <p><b>Applicant Certification and Agreement</b><br/> <i>Please read carefully before signing</i></p> |
|--|

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in the documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Aspen Behavioral Consulting, that such employment with is at will, for no specified duration and may be terminated by either Aspen Behavioral Consulting or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Aspen Behavioral Consulting or its representatives used during the employment process is deemed a contract of employment (real or implied). I understand that no representative of Aspen Behavioral Consulting except the Chief Clinical Officer or Chief Executive Advisor has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Chief Clinical Officer and/or Chief Executive Advisor. In consideration for employment with Aspen Behavioral Consulting if employed, I agree to conform to the rules, regulations, policies and procedures of Aspen Behavioral Consulting at all times and understand that such adherence is a condition of employment. I understand that due to the nature of Aspen Behavioral Consulting’s business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Aspen Behavioral Consulting, I may be required to submit to a drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Aspen Behavioral Consulting and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application. By signing below, I acknowledge that I have read, understand and agree to the above statements.

|                           |  |              |  |
|---------------------------|--|--------------|--|
| <b>Name of Applicant:</b> |  | <b>Date:</b> |  |
| <b>Signature:</b>         |  |              |  |

