



Employment Application- PosAbilities Clinic, LLC

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

YES NO I am available Monday to Friday 9:00 to 6:30 pm

If no, please list your availability:

YES NO I am available Saturdays 9:00 am to 12:00 pm

Do you have your circle one RBT or BCBA certification?

YES NO If yes, please you provide your RBT/BCBA certification number: _____

What is your NPI if you have one? _____

Besides English, I speak the following languages: _____

Highest Education you completed

What: _____ Where: _____

Earned a: _____

Education you are pursuing

What: _____ Where: _____

Expecting to graduate when: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____ Phone/Email: _____

Full Name: _____ Relationship: _____ Phone/Email: _____

Full Name: _____ Relationship: _____ Phone/Email: _____



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Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____