



# POSITIVE STEPS

APPLIED BEHAVIOR ANALYSIS

## Application for Employment – BCBA, BCaBA, & RBT

Please complete all sections of this application and submit along with supporting documents.

### Applicant Information

Applicants Name:		
DOB:	SSN:	NPI Type 1#:
Home Phone #:	Cell Phone #:	
Email Address:		
Home Address:		
City:	State:	Zip Code:
Time at Current Address: _____ Years/ _____ Months		
Do you have a valid driver's license number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DL #:	DL Expiration:	
DL State:	DL Class:	
Do you own or operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Year:	Vehicle Make:	Vehicle Model:
Vehicle Color:	Vehicle Tag:	Tag Expiration:
Vehicle Insurance Carrier:	Policy #:	

Please provide a copy of your driver's license, vehicle registration, and vehicle insurance card.

### Emergency Contact

Contact's Name:	Phone #:	
Address:		
City:	State:	Zip Code:
Relationship to Applicant:		

Every journey begins with a positive step.



# POSITIVE STEPS

APPLIED BEHAVIOR ANALYSIS

## Education

List Information for all levels completed/attempted (e.g., High School, Trade, College, Graduate School)

Type of Education	School Name	Area of Study/Major/ Concentration	Number of Years Completed	Degree & Date Completed

## Certifications

List Information for all ABA certifications including CPR & BLS.

Type of Certification	Certification/ License #	Date of Issue	Expiration Date

Every journey begins with a positive step.



# POSITIVE STEPS

APPLIED BEHAVIOR ANALYSIS

## Work Experience

Please list present/previous employers in chronological order beginning with present or most recent employer. Account for all periods of time including any period of unemployment.

Employer:	Type of Business:
Address:	Phone #:
Job Title:	Date Employed: / / to / / /
Supervisor:	Salary: Start _____ / Final _____
Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?

Employer:	Type of Business:
Address:	Phone #:
Job Title:	Date Employed: / / to / / /
Supervisor:	Salary: Start _____ / Final _____
Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?

Employer:	Type of Business:
Address:	Phone #:
Job Title:	Date Employed: / / to / / /
Supervisor:	Salary: Start _____ / Final _____
Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?

Every journey begins with a positive step.



# POSITIVE STEPS

APPLIED BEHAVIOR ANALYSIS

## Employment Positions

Position(s) applying for: <input type="checkbox"/> BCBA <input type="checkbox"/> BCaBA <input type="checkbox"/> RBT
Are you applying for: <input type="checkbox"/> Temporary Work (Summer/ Holiday) <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time

What days and hours are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times of Availability							

If hired, on what date would you be able to start? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hourly Wage Desired: \$ \_\_\_\_\_

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N
If hired, are you willing to submit to and pass a controlled substance test? [ ] Y or [ ] N
Are you able to perform the essential functions of the job for which you are applying, either with/ without reasonable accommodation? [ ] Y or [ ] N
If no, describe the functions that cannot be performed: _____ <i>(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)</i>
Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N
If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case: _____
<i>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)</i>

Every journey begins with a positive step.



# POSITIVE STEPS

APPLIED BEHAVIOR ANALYSIS

## Credentialing

Please list all insurance companies to which you are currently credentialed with.

Insurance Company	Insurance Provider #	Credentialing Expiration

Please provide a copy of your Curriculum Vitae, driver's license or identification card, vehicle registration, vehicle insurance card, and CPR and/ or BLS card.

***Positive Steps ABA, LLC is an Equal Opportunity Employer and it is our policy to provide equal employment opportunities to all people without regard to age, race, color, creed, religion, national origin, disability, gender, sexual orientation, veteran status, or any other basis prohibited by statute, and to promote the full realization of an inclusive employment and service policy.***

Every journey begins with a positive step.