



Behavior One Autism Solutions

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

APPLICANT INSTRUCTIONS

Use this form to apply for job opportunities with Behavior One Autism Solutions, LLC

Please review the following prior to returning this application:

- Any job offer is contingent upon full cooperation with a live scan and pre-employment TB test.
 - Provide all information requested on this form. Each section must be completed even if a resume is included.
 - You must be of legal age to perform the requirements of the job at the time of application.
 - You must be able to legally accept employment in the U.S.
 - If applying for a position requiring specific qualifications, you must possess the qualifications required to be considered.
- Applications received which do not comply with the instructions above will not be considered.
- Reliable transportation is required.

All applications are held for 6 months.

PERSONAL INFORMATION (Please print)

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

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Application: _____

Home Tel. # () _____ Alternate Tel. # () _____ Email _____

Are you at least 18 years of Age? Yes No Are you legally eligible for employment in the U.S.? Yes No
(If hired, you will be required to provide proof of eligible to work in the U.S. within 3 business days)

EMPLOYMENT DESIRED

Position Applied for:	Behavior Technician	Case Supervisor	Clinical Manager	Medical Biller
	Clinical Director	Office Clerk	Human Resources	Speech Language Pathologist
	Other: _____		Scheduler	Parent Consultant
				Clinical Trainer

Salary Requirements: _____ Weekly Desired Hours: _____

City/Location Preferred: _____ Available Start Date: _____

Our hours of operation are below; please note our peak hours are Monday – Friday from 1:00pm – 7:30pm and Saturdays from 8:00am – 7:00pm.

HOURS OF OPERATION:

- Mondays - Fridays 8:00am – 8:00pm
- Saturdays 8:00am – 8:00pm
- Sundays- 8:00am – 8:00pm

OFFICE HOURS:

- Mondays - Fridays 8:00am –5:00pm

Are you willing to work all shifts, weekends & holidays? __Yes __No If "No" explain restrictions:

Please fill in the chart below for the times you are available to work.
 (A=Available NA= Not Available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8AM							
9AM							
10AM							
11AM							
12PM							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							
8PM							

Do you have a schedule that changes every semester or quarter?

YES

NO

Additional information regarding availability:

EDUCATION

Name and Address of School

Circle Last Years
Completed

Did You
Graduate?

Subjects Studied and
Degrees Received

High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Post College		1 2 3 4	Y N	
Trade, Business, or Other School		1 2 3 4	Y N	

If you did not complete College or Trade School, please state reason: _____

College Major/Minor: _____

Extra-Curricular Activities in High School and College: _____

Languages you can speak read or write fluently: _____

List any other skills, experiences or qualifications you have that are relevant to the position for which you are applying:

Unexpired Technical Licenses or Certificates: _____

Membership in civic, social, or professional organizations which have provided you job related skills: _____

EMPLOYMENT RECORD –MOST RECENT FIRST

From: / / To: / /	Current Employer (Name & Address)	Position	Reason For Leaving
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Duties Performed

Supervisor's Name & Title Phone Number May we contact?

From: / / To: / /	Current Employer (Name & Address)	Position	Reason For Leaving
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Duties Performed

Supervisor's Name & Title Phone Number May we contact?

From: / / To: / /	Current Employer (Name & Address)	Position	Reason For Leaving
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Duties Performed

Supervisor's Name & Title

Phone Number

May we contact?

Previous job you enjoyed the most and reasons: _____

Previous job you enjoyed the least and reasons: _____

Will you receive a satisfactory reference from your current and all previous employers: ___Yes ___No

If "No" explain: _____

SUPPLEMENTAL INFORMATION

Provide any other information you believe we should consider when reviewing your application:

CERTIFICATION AND UNDERSTANDING

I hereby certify that all of the information provided by me on this employment application and all other information provided by me in the course of applying for employment with *Behavior One Autism Solutions, LLC* is truthful and accurate. I acknowledge and agree that if I have made any material omissions on this employment application, or if any information provided by me in this employment application or any other information provided by me in the course of applying for employment with *Behavior One Autism Solutions, LLC* is found to be false, untruthful or misleading, my application for employment shall be rejected. I further acknowledge and agree that if I am hired as an employee of *Behavior One Autism Solutions, LLC* and at any time thereafter it is discovered that I have made any material omissions in this employment application or if any information provided by me on this employment application or any of the other information provided by me in the course of applying for employment at *Behavior One Autism Solutions, LLC* is found to be false, untruthful or misleading, I will be subject to immediate termination from employment.

I hereby authorize *Behavior One Autism Solutions, LLC*, representatives, employees and agents to contact and obtain information about me from my references, prior employers, educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, my resume or in any job interview conducted in connection with this application. I also authorize my references, current and prior employers and educational institutions to provide *Behavior One Autism Solutions, LLC*, with any information that it requests in connection with this verification. I hereby release all such references, employers and educational institutions and *Behavior One Autism Solutions, LLC* and each of its representatives, employees and agents, from any and all liability of any kind or nature whatsoever arising from *Behavior One Autism Solutions, LLC* requesting, or my references, employers or educational institutions providing any information about me to *Behavior One Autism Solutions, LLC*

I acknowledge and agree that any offer of employment may be contingent upon completion of a post-offer, pre-employment live scan and job-related medical examination, including a tuberculosis test. I further acknowledge and

agree that if I am offered employment, I will be required to provide *Behavior One Autism Solutions, LLC* with adequate proof, in the timeframe and manner required by Federal and State law, of my eligibility to work in the United States.

I acknowledge and agree that if I am offered and accept employment at *Behavior One Autism Solutions, LLC*, my employment will be “at will”. This means that I will retain the right to resign from my employment at any time, for any reason, with or without notice, with or without cause. Likewise, *Behavior One Autism Solutions, LLC* will retain the right to terminate my employment at any time, for any reason, with or without notice, with or without cause. This at-will employment relationship will remain in full force and effect notwithstanding any changes that may occur in my position, title, pay or other terms and conditions of my employment with *Behavior One Autism Solutions, LLC*. No executive, manager, supervisor or employee of *Behavior One Autism Solutions, LLC* has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement for any form of employment other than “at-will.”

MY SIGNATURE CERTIFIES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENTS.

Applicant’s Signature	Date
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