



EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT CLEARLY

Applied Behavioral Strategies, LLC is an Equal Opportunity Employer

Applicant Information

Last Name		First	Middle	Today's Date	Date can start	
Street Address				Home Telephone ()		
City, State, Zip				Email		
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security Number:		
If yes; Month /Year: _____ Location: _____				Desired Salary: \$		
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you willing to travel as may be required?		
If yes; From: (mm/yy) _____ To: (mm/yy) _____				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's License Number _____ State _____		
Are you related to anyone currently employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes: In what position?		
Are you a citizen of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			If No, are you authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Applying for:			Employment seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
Please provide the days and hours that you are available to work:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
PLEASE NOTE: If your availability changes once hired, it is your responsibility to notify your supervisor						

Please include a copy of your most current resume.

Education

School	Name and Address of School (Include: Street, City, State, Zip)	Course of Study	Number of Years Completed	Graduate?	Degree/Diploma Received
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please specify foreign language skills:

List any Professional Certifications and/or Licenses you currently hold (and submit a copy):

Certification/ License:		Certification/License #:	
Certification/ License:		Certification/License #:	

Employment

Please provide an accurate record of your Full-Time and Part-time employment history. Start with your present or most recent employment.

1.	Employer	Telephone Number ()	
	Address	Start Date:	End Date:
	Job Title and Responsibilities	Starting Salary	End Salary
	Reason for Leaving:		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, Title of Supervisor:	

2.	Employer	Telephone Number ()	
	Address	Start Date:	End Date:
	Job Title and Responsibilities	Starting Salary	End Salary
	Reason for Leaving:		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, Title of Supervisor:	

3.	Employer	Telephone Number ()	
	Address	Start Date:	End Date:
	Job Title and Responsibilities	Starting Salary	End Salary
	Reason for Leaving:		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, Title of Supervisor:	

Military Service

Did you or do you currently serve in the Military? Yes No If yes, please provide information below:

Branch:	Start Date:	End Date:
Rank at Discharge:	Type of discharge:	
If other than Honorable, please explain:		

References

Please list three professional references.

1.	Name:	Relationship:
	Company:	Phone: ()
	Address: (Include street, city, state, zip)	

2.	Name:	Relationship:
	Company:	Phone: ()
	Address: (Include street, city, state, zip)	

3.	Name:	Relationship:
	Company:	Phone: ()
	Address: (Include street, city, state, zip)	

Disclaimer and Signature

I hereby authorize Applied Behavioral Strategies, LLC to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize previous employers listed within this application to disclose to Applied Behavioral Strategies, LLC any and all information they may have concerning my previous employment. Additionally, I hereby release Applied Behavioral Strategies, LLC, my former employers, and all other persons from any and all claims, demands or liabilities arising out of, or in any way related to such disclosure.

I certify that the information presented herein is true and correct to the best of my knowledge. I understand that if employed, falsified statements or misleading information on this Application for Employment form may result in immediate termination of employment.

I certify that I understand that a criminal background check is required for all employees. Written consent to conduct the background check will be obtained separately from this application.

Signature: _____ Date: _____

