



## APPLICATION FOR EMPLOYMENT

**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, or other protected classifications. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.**

Position Applying for:			
<input type="checkbox"/> RBT <input type="checkbox"/> BCaBA <input type="checkbox"/> BCBA <input type="checkbox"/> Other License: _____ <input type="checkbox"/> Internal Staff: (Position): _____			
<b>PERSONAL DATA</b>			
Name (last, first, middle)			
Street Address and/or Mailing Address		City	State    Zip
Primary Phone Number	Date you can start work:	Salary Desired:	
Do you have a High School Diploma or GED?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your Medicaid Provider Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>POSITION INFORMATION</b> (Check all that you are willing to work)			
Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift: <input type="checkbox"/> Morning - Afternoon <input type="checkbox"/> Afternoon - Evening	Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish
Have you previously applied/ been employed-contracted by A1A BEHAVIORAL HEALTH? If Yes, What dates:			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			
Do you have any friends, relatives, or acquaintances working for A1A BEHAVIORAL HEALTH? If yes, please state who and relation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			
Are you authorized to work in the U.S. on an unrestricted basis?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, explain:</b>			
If hired, would you have transportation to/from work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you willing to submit to and pass a controlled substance test?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told the essential functions of the job, or have you viewed a copy of the job description listing the essential functions of the job?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform these essential functions of the job without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, which functions are you unable to perform? _____			
Do you have a Miami Dade Public Schools badge?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Broward County Public Schools badge?			<input type="checkbox"/> Yes <input type="checkbox"/> No



**QUALIFICATIONS.** (Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.)

	School Name	Degree	City/State
Education #1			
Education #2			
Education #3			

**SPECIAL SKILLS** List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

**REFERENCES.** Please list **three (3)** professional references **not related to you**, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	City/State/Zip	Phone	Relationship

**WORK HISTORY** Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

<b>Job Title #1</b>	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip

Duties:

Reason for Leaving	Starting Salary	Ending Salary
--------------------	-----------------	---------------

May we contact your present employer? Yes  No  N/A

<b>Job Title #2</b>	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip

Duties:



Reason for Leaving		Starting Salary	Ending Salary
<b>Job Title #3</b>	Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)
Company Name	Supervisor's Name		Phone Number
City	State	Zip	
Duties:			
Reason for Leaving		Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee/contractor (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

### Primary Emergency Contact Information:

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

-----

### Secondary Emergency Contact Information:

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_



## APPLICANT STATEMENT AND AGREEMENT

**Please read and initial each paragraph below.** If there is anything that you do not understand, please feel free to consult A1A BEHAVIORAL HEALTH for assistance.

\_\_\_\_\_ I hereby authorize A1A BEHAVIORAL HEALTH to thoroughly investigate my references, work record, education and other representations contained herein and as related to my eligibility.

\_\_\_\_\_ I hereby authorize any prior employer/contractor and/or personal reference listed above to disclose to A1A BEHAVIORAL HEALTH any and all pertinent information related to my employment record, irrespective of prior notice to me.

\_\_\_\_\_ I hereby release A1A BEHAVIORAL HEALTH my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my contracting with A1A BEHAVIORAL HEALTH, I understand that I am required to comply with all A1A BEHAVIORAL HEALTH rules and regulations as imposed and amended from time to time.

\_\_\_\_\_ I hereby certify that the above answers provided by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of materials fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am contracted, regardless of the time elapsed before discovery.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_