

## EMPLOYMENT APPLICATION

| APPLICANT INFORMATION                   |                              |                             |  |                     |  |                |                              |                             |      |  |
|---|------------------------------|-----------------------------|--|---------------------|--|----------------|------------------------------|-----------------------------|------|--|
| Last Name                               |                              |                             |  | First               |  |                | M.I.                         |                             | Date |  |
| Street Address                          |                              |                             |  |                     |  |                | Apartment/Unit #             |                             |      |  |
| City                                    |                              |                             |  | State               |  |                | ZIP                          |                             |      |  |
| Phone                                   |                              |                             |  | E-mail Address      |  |                |                              |                             |      |  |
| Date Available                          |                              |                             |  | Desired Hourly Wage |  |                |                              |                             |      |  |
| Position Applied for                    |                              |                             |  |                     |  | Date Available |                              |                             |      |  |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |                     |  |                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |      |  |

| REFERENCES  |  |  |              |
|---|--|--|--------------|
| <i>Please list three professional references.</i> |  |  |              |
| Full Name   |  |  | Relationship |
| Company   |  |  | Phone        |
| Address   |  |  |              |
| Full Name   |  |  | Relationship |
| Company   |  |  | Phone        |
| Address   |  |  |              |
| Full Name   |  |  | Relationship |
| Company   |  |  | Phone        |
| Address   |  |  |              |

**QUESTIONNAIRE – PLEASE ANSWER WHERE APPLICABLE.**

**With what age group do you have the most experience providing 1:1 ABA?**

**What experience do you have teaching alternative communication strategies to children who are non-verbal?**

**Do you have experience conducting Assessments? If YES which one?**

**Please describe the topography and function of your most aggressive client you have experience working with.**

**Have you ever accepted gifts of any kind from a parent of colleague?**

**Using as much detail as possible, explain how you would implement a procedure that requires a DRO (2 minute) for nail biting, while implementing various skill acquisition programs using a VR5 reinforcement schedule.**

Thank You!