



Angel Access Therapy

Behavioral Health & Consult Services

1604 Westgate Circle Suite 240 Brentwood, TN 37027

T: 615-239-5242 | F: 888-880-5719

E: info@AngelAccessTherapy.com

NPI:1740796515

Welcome! Employment Application

Applicant Information

Last Name:	First:	M.I.	Date:
Street Address:			Apt/Unit#
City:	State:	Zip:	
Phone:	Email Address:		

Position Applying For: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If not, are you authorized to work in the United States>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a current TN DL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have current and full Car Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a reliable car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you an RBT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a Board Certified Behavior Analyst?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Angel Access Therapy before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

What languages are you fluent in? _____

Are you looking for part-time or full-time? Part-time / Full-time

Explain details if applying part-time:

Have you ever been convicted of a felony? YES / NO If yes, explain:



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This job requires you to frequently bend, squat, sit on the floor, run, move, remain calm, be patient, possibly tolerate disruptive or aggressive behaviors, have excellent communication skills and take data on a tablet. Do you have any barriers for these requirements? If so, please explain.

Please tell us your experience with or interest in children and/or young adults with and/or without disabilities. (please also attach resume if you have one)

What are your long term goals?

Do you have any Special Skills?

How did you hear about Angel Access Therapy?

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma : _____



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College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Previous Employment

Company:		Phone:	
Address:		Supervisor:	

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company:		Phone:	
Address:		Supervisor:	

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:		Phone:	
Address:		Supervisor:	

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____