

## **Application for Employment:**

Please complete all sections of this application and submit along with supporting documents to: <a href="mailto:alicia.grinstead@impactabatherapy.com">alicia.grinstead@impactabatherapy.com</a> OR <a href="mailto:t.barnes@impactabatherapy.com">t.barnes@impactabatherapy.com</a>

Please complete all sections of this application and submit along with supporting documents via the online application system.

Name:	Date:			
Telephone Number:	Cell Phone Number:			
Email Address:				
Current Address: Street		Apt/Unit #		
City	State		Zip	
Desired Hourly Rate:				
Hours Available:				
Desired Start Date if Hired:				
Do you have a valid Driver's I	License? Y N	Automobile Insurance	? Y N	
How did you hear about us?_				
Why are you interested in AB.	1 0			

**Education:** 



List information for all levels completed/attempted (e.g., High School, Trade, College, Graduate School)

Education	School Name	Area of Study/Major/Concentration	# Years Completed	Date & Degree completed

## **Certifications:**

Туре	Certification/License	<b>Date of Issue</b>	Expiration Date



Are you currently enrolled in Coursework to become a?						
RBT? Y N	BCaBA? Y	N BC	BA? Y N			
If yes, when do you expect to finish?						
What position are you ap	oplying for?					
Direct care staff RBT? Y	Y N C	Clinical Supervisor BCaB	A? Y N			

## **Work Experience**

Please list present/previous Employers in chronological order beginning with present or most recent employer. Account for all periods of time including any period of unemployment.

N

ABA Supervisor BCBA? Y

Employer:	Salary: Start Final
Type of Business:	Date Employed: to
Address:	Okay to contact: YES NO
Phone number:	If no, why?
Job Title:	
Supervisor:	

Employer:	Salary: Start	Final
Type of Business:	Date Employed: to	
Address:	Okay to contact: YES No	0
Phone number:	If no, why?	
Job Title:		
Supervisor:		



Salary: Start

Final

Employer:

Type of Business:	Date Employed:	to
Address:	Okay to contact: YES	NO
Phone number:	If no, why?	
Job Title:		
Supervisor:		
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Employer:	Salary: Start	Final
Type of Business:	Date Employed:	to
Address:	Okay to contact: YES	NO
Phone number:	If no, why?	
Job Title:		
Supervisor:		
Employer:	Salary: Start	Final
Type of Business:	Date Employed:	to
Address:	Okay to contact: YES	NO
Phone number:	If no, why?	
Job Title:		
Supervisor:		
If applicable, list any other names by		may be necessary to
allow us to confirm your work and ed	ucational record.	
		. •
Years of Experience working with c	hildren with Intellectual/Developn	nental
Disabilities:		
V 65 10 10 10 10		
Years of Experience with ABA:		



## **References:**

List two professional and one personal reference, contact preference(e.g., phone, email).

Name:	Relationship:	Start and end time working with applicant	Telephone	Email