



**Progressive ABA Therapy Group, LLC
Employment Application**

Name (First, Middle Initial, Last)		
Mailing Address		
Street Number/Name		
City	State	Zip
Social Security Number	Email	Phone
Work Availability/Schedule		
Today's Date	Position Applying For:	
Part time or Full Time Position	Are you legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime? **All staff must complete background check** <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have experience working with children with special needs? If yes, briefly explain the position. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of position:		
Do you have experience working in the field of applied behavior analysis (ABA) or with children with developmental delays? If yes, briefly explain the position. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explanation of position in ABA:		



Educational History-High School

High School Name: _____

Number of years complete? _____

Did you graduate with diploma/degree?
 Yes
 No
 What year? _____

Educational History-College/University

Name of College/University: _____

Attended from: _____ to: _____

Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
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Name of College/University: _____

Attended from: _____ to: _____

Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
--	--------

Name of College/University: _____

Attended from: _____ to: _____

Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
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Do you have any behavioral health certification or credentials? If so, please list below.

Do you have any educational certification or credentials? If so, please list below



Work Experience	
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Company	From _____ To _____
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Address:	Phone:
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Responsibilities:

May we contact employer?

Yes

No

Company	From _____ To _____
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Address:	Phone:
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Responsibilities:

Supervisor:

May we contact employer?

Yes

No

Company	From _____ To _____
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Address:	Phone:
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Responsibilities:

Supervisor:

May we contact employer?

Yes

No

References	
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Name 1:	Relationship:
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Phone:	Email:
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Name 2:	Relationship:
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Phone:	Email:
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Name 3:	Relationship:
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Phone:	Email:
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Attestation

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature:

Date:

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