



ABAMIDWEST

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE		Today's Date: _____	
_____	_____	_____	_____
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Preferred Name/Nickname</i>
_____		_____	_____
<i>Street Address</i>		<i>City</i>	<i>State</i>
_____		_____	_____
<i>Phone</i>	<i>Alternate/ Phone</i>	<i>Email Address</i>	

GENERAL INFORMATION

PLEASE PLACES A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION:

Are you interested in:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
What days do you prefer to work? (select all that apply)	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends
What time of day do you prefer to work? (select all that apply)	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons
Were you referred to ABA Midwest?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you worked for this company before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Desired Hourly Rate	\$ _____	
Desired Start Date:	_____	
Position Applying For:	_____	
Are you currently a Registered Behavior Technician:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
		If yes, RBT Cert. #: _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States?

___ Yes ___ No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, ABA Midwest will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you over the age of 18?

___ Yes ___ No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM ____ / ____ Month / Year	COMPANY NAME	YOUR POSITION and TITLE	
TO ____ / ____ Month / Year	NO. & STREET		REASON FOR LEAVING
	CITY	STATE	

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TO ____ / ____ Month / Year	NO. & STREET		REASON FOR LEAVING
	CITY	STATE	

FROM ____ / ____ Month / Year	COMPANY NAME	YOUR POSITION and TITLE	
TO ____ / ____ Month / Year	NO. & STREET		REASON FOR LEAVING
	CITY	STATE	

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			

REFERENCES: Please list three professional references

Please use only those who are considered professional references. Personal references will not be accepted

NAME	TITLE	COMPANY	PHONE/ALTERNATE PHONE	EMAIL ADDRESS

SELF IDENTIFICATION

This section is optional

Race/Ethnicity		Gender	
I choose not to self-identify at this time		I choose not to self-identify at this time	
Hispanic or Latino		Female	
White (Not Hispanic or Latino)		Male	
Black or African American		Other	
Native Hawaiian or Other Pacific Islander			
Asian			
American Indian or Alaska Native			
Two or More Races			

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in

abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: _____

DATE: _____