



Elite Spectrum ABA

“Providing exceptional care and assistance in helping families conquer autism”

Employment Application ©2020

I. Personal Information

Name: _____
Mailing Address: _____
Email Address: _____
Cell Phone: _____
Home Phone: _____

II. Position

What position are you applying for? _____
How did you hear about this job? _____
If you were referred, by who? _____
Are you seeking a full time or part time position? _____
What date are you available to start?
_____ Monday -
_____ Tuesday -
_____ Wednesday -
Please list your availability: _____ Thursday -
_____ Friday -
_____ Saturday -
_____ Sunday -

- 1. Are you 18 years of age or older? Yes No
- 2. Do you speak a language other than English? Yes No
- 3. If yes, what languages? _____
- 4. Are you willing to travel? Yes No
- 5. If so, how far? < 30mi >30mi
- 6. Have you ever been convicted of a felony or subjected to deferred adjunction on a felony charge? Yes No
- 7. If you answered yes, explain in brief detail on a separate page giving dates, nature of the offense, name and location for the court and disposition in the case(s).
- 8. If hired, are you willing to submit to a drug test? Yes No

III. Education

(Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Type of School	Name	Location	Dates Attended	Did you graduate?	Degree Obtained
High School					
Undergraduate College or University					
Graduate School					
Technical or Vocation School					

If a license, certificate, or other authorization is required or related to the position for which you are applying (BCBA, BCaBA, RBT, CPR/BLS, etc.), complete the following:

License/Cert	Date Issued	Expiration Date	City & State of Issuance	License No.

List all job-related training or skills you possess and all software you have experience with (list proficiency level) such as Microsoft Word, Excel, Catalyst, etc....

IV. Employment History

Position Title: _____
Employer: _____
Address: _____
Phone Number: _____
Supervisor Name: _____
Date Started? _____
Date Ended? _____
Reason for Leaving? _____
Briefly describe your job duties: _____

Position Title: _____
Employer: _____
Address: _____
Phone Number: _____
Supervisor Name: _____
Date Started? _____
Date Ended? _____
Reason for Leaving? _____
Briefly describe your job duties: _____

Position Title: _____
 Employer: _____
 Address: _____
 Phone Number: _____
 Supervisor Name: _____
 Date Started? _____
 Date Ended? _____
 Reason for Leaving? _____
 Briefly describe your job duties: _____

V. References

Name	Relationship	Phone	Email

VI. Acknowledgments

I acknowledge that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of statements contained in this application for employment as it may be necessary at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize ESABA to conduct a background check and to contact previous employers for references and to thoroughly investigate my educational background, past employment, and personal history/activities that may relate in any way to my potential fitness for employment.

ESABA is committed to providing a safe and healthy environment for clients and staff. I agree to uphold a drug free, alcohol free and tobacco free work environment that also prohibits weapons or firearms anywhere on the premises. I understand that this applies both on ESABA property and when off property for field trips and client sessions.

I understand and agree that I may terminate my employment at any time and that ESABA may terminate my employment without notice or cause.

Printed Name

Date

Signature

****Submit completed application to info@elitespectrumaba.com***