



Applied Behavioral Approaches

1509 Atkinson Rd NW, Suite 2200-E
Lawrenceville, GA 30043

Employment Application

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name (First, middle, last)

Street Address		City	State	Zip
Phone Number	Mobile Number	Email Address		Social Security Number

Please answer YES or NO to the following questions

Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you at least 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a United States citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you authorized to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you answered yes to the preceding question please explain in detail on a separate page, giving dates and nature of the offense.

If selected for employment are you willing to submit to a Pre-Employment Drug Screening Test?

Yes No

Have you ever been convicted of a crime involving sexual abuse or molestation of a child?

Yes No

If you answered yes to the preceding question please explain in detail on a separate page, giving dates and nature of the offense.

Have you ever worked for or have any immediate family members ever worked for Applied Behavioral Approaches (ABA)?

Yes No

Position

Position Applying For	Available Start Date	Desired Pay				
Employment Desired	If part time, how many hours per week?					
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time					
Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
From: To:	From: To:	From: To:	From: To:	From: To:	From: To:	From: To:

Do you know anyone that is currently or has worked for ABA in the past? Yes No If so, who?

Please list any job-related training or skills that you possess and all technology that you can use including computer programs:

License/Certification	Date Issued	Date Expires	Issuing Authority or State	License Number

Education

School Name	Location	Years Attended	Degree Received	Major
		to		
		to		
		to		
		to		

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Acknowledgements

Can you perform the major job functions as listed in the job description with or without reasonable accommodations?

Yes No

Accommodations needed? Yes No

If yes, please describe:

I understand that Applied Behavioral Approaches and its affiliates have a drug-free, alcohol-free, and tobacco-free workplace to include a drug and alcohol testing program consistent with applicable federal, state, and local laws. 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 ABA's property and when off property for field trips and home/community visits with clients. I understand that if a pre-employment (post-offer) or a random drug and alcohol test is positive, the employment offer may be withdrawn, or employment may be terminated. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local laws. I understand and consent to pre-employment and random drug tests as a condition of employment and further agree to undergo alcohol and drug testing consistent with Applied Behavioral Approaches LLC and its affiliates policies and procedures.

I understand and agree that Applied Behavioral Approaches LLC and its affiliates, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of company property (including, but not limited to, files, lockers, desks, vehicles, and computers).

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local laws, I may be required to sign confidentiality, restrictive covenant, non-solicitation agreements and/or conflict of interest statements.

I certify that all the information on this application and any supporting documents presented with this application is accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

Applied Behavioral Approaches LLC and its affiliates is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. This application or any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the company is authorized to enter into an agreement express or implied, with me or any applicant for employment for a specified period of time unless such agreement is in written contract signed by the Executive Director of the company.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF APPLIED BEHAVIORAL APPROACHES LLC AND ITS AFFILIATES. I FURTHER UNDERSTAND THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, WITH THE EXCEPTION OF ITS EMPLOYMENT AT-WILL POLICY.

I authorize Applied Behavioral Approaches LLC and its affiliates to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, and local laws. I agree to comply with any and all required pre- and post-employment screenings to include background check, drug screen, and driving history investigation.

I authorize and consent to, without reservation, any party or agency contracted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Applied Behavioral Approaches LLC and its affiliates to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Applied Behavioral Approaches LLC and its affiliates for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Applied Behavioral Approaches LLC and its affiliates, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand Applied Behavioral Approaches LLC and its affiliates employs only individuals who are legally eligible to work in the United States.

Signature Disclaimer

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.

Name (Please Print)	Signature
Date	