

EMPLOYMENT APPLICATION PERSONAL INFORMATION



FULL NAME: _____ DATE: _____
FIRST MIDDLE INITIAL LAST

ADDRESS: _____
STREET ADDRESS APT/SUITE

CITY STATE ZIP CODE

E-MAIL: _____ CELL PHONE: _____

HOME PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY #: ____ - ____ - ____ D.O.B. _____

DATE AVAILABLE TO START: _____

ARE YOU A REGISTERED BEHAVIOR TECHNICIAN (RBT)? YES NO

IF YES, RBT# _____ IF NO, ARE YOU WILLING TO COMPLETE RBT COURSEWORK
WITHIN 90 DAYS OF EMPOLYMENT? YES NO

ARE YOU A LICENSED BCBA IN CONNECTICUT? YES NO

IF YES, BCBA # _____

HOW MUCH EXPERIENCE DO YOU HAVE WORKING WITH
AUTISTIC/SPECIAL NEEDS CHILDREN?

0-1 YEAR 2-3 YEARS 4-5 YEARS OVER 5 YEARS

EMPLOYMENT DESIRED:

FULL-TIME 7:45-4:15 PART-TIME 1 7:45-12:00 PART-TIME 2 12:00-4:15

INCLUDE 1. RESUME 2. CERTIFICATION(S) 3. REFERENCE LETTERS (2 PROFESSIONAL/1 PERSONAL)
MAIL OR DROP OFF APPLICATION AND ANY ADDITIONAL PAGES TO:

COMPASS ABA SERVICES
ATTN: KATE BOULEY
139 HAZARD AVE.
BUILDING 2, SUITE 6
ENFIELD, CT 06082

ANY QUESTIONS, PLEASE FEEL FREE TO CALL 860-218-3614 OR EMAIL KATE AT:
COMPASSABASERVICES@GMAIL.COM

Employment History

Start with present or most recent employer. Please give complete full and part time history including month and year.

JOB 1

Employer/Company _____ Name of Supervisor _____
Supervisor email _____ Supervisor Phone Number _____
Position Held _____ Full -Time _____ Part-Time _____
Employed from _____ to _____ Wage/Salary _____
Ok to contact Supervisor _____ YES _____ NO

JOB 2

Employer/Company _____ Name of Supervisor _____
Supervisor email _____ Supervisor Phone Number _____
Position Held _____ Full -Time _____ Part-Time _____
Employed from _____ to _____ Wage/Salary _____
Ok to contact Supervisor _____ YES _____ NO

JOB 3

Employer/Company _____ Name of Supervisor _____
Supervisor email _____ Supervisor Phone Number _____
Position Held _____ Full -Time _____ Part-Time _____
Employed from _____ to _____ Wage/Salary _____
Ok to contact Supervisor _____ YES _____ NO

List name email and phone number of 3 references. At least one must be a professional reference

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Employment History– Page 2

The information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact may result in my dismissal. I understand that acceptance of any offer does not create a contractual obligation upon the employer to employ me in the future. Any offer of employment is contingent upon a passing criminal background check, DCF background check, and sex-offender search. I understand and accept that any offer of employment will be rescinded if any check or search comes back as not passing. I authorize you to contact the references I have provided and my previous employers unless otherwise specified.

Printed Name

Signature and Date