



Please print all information

**NAME OF APPLICANT:** \_\_\_\_\_  
 City you live in? \_\_\_\_\_ Languages you speak? \_\_\_\_\_

**AVAILABILITY**

Put an X in the boxes for the times you are NOT available.  
 Any blank boxes will tell us the times you are available to work.

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Notes
8:00 am								
8:30								
9:00								
9:30								
10:00								
10:30								
11:00								
11:30								
12:00 pm								
12:30								
1:00								
1:30								
2:00								
2:30								
3:00								
3:30								
4:00								
4:30								
5:00								
5:30								
6:00								
6:30								
7:00								
7:30								
8:00 pm								

**Scheduled vacation:**

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**Date available to start:** \_\_\_\_\_

**EMPLOYMENT HISTORY** (Start with your current or most recent employment)

1. Name of Employer:	Employment Dates From: _____ To: _____	Supervisor/Contact:	# of hrs worked per week: _____
Address:	Job Title:	May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N	Reason for leaving:
Phone:	Fax:		
List duties performed: _____ _____			

2. Name of Employer:	Employment Dates From: _____ To: _____	Supervisor/Contact:	# of hrs worked per week: _____
Address:	Job Title:	May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N	Reason for leaving:
Phone:	Fax:		
List duties performed: _____ _____			

3. Name of Employer:	Employment Dates From: _____ To: _____	Supervisor/Contact:	# of hrs worked per week: _____
Address:	Job Title:	May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N	Reason for leaving:
Phone:	Fax:		
List duties performed: _____ _____			

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4. Name of Employer:	Employment Dates From: _____ To: _____	Supervisor/Contact:	# of hrs worked per week: _____
Address:	Job Title:	May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N	Reason for leaving:
Phone:	Fax:		
List duties performed: _____ _____			

### EDUCATION

Type of School	Name & Location (city & state)	Major	Degree/Diploma
High School			<input type="checkbox"/> Y <input type="checkbox"/> N
College/ University			<input type="checkbox"/> Y <input type="checkbox"/> N anticipated graduation date _____
Graduate School			<input type="checkbox"/> Y <input type="checkbox"/> N anticipated graduation date _____
Trade School/ other			<input type="checkbox"/> Y <input type="checkbox"/> N

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**PROFESSIONAL REFERENCES**

Please provide the names of three persons who supervised you for 1 year or more (not a relative or co-worker).

	Name	Company/Organization	Contact Phone	Relation	Yrs known
1.					
2.					
3.					

**EMERGENCY CONTACT :**

Relationship: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_

1. If hired, can you provide proof of citizenship, legal resident status, or other verification of legal right to work in the USA within 24 hours of being hired? Y N

**Documents required are: Passport, or Driver's License and Social Security Card, and INS paperwork if applicable.**

2. Will you require any accommodations to perform your job? Y N

**Do you have any pre-existing physical issues that would prevent you from physically prompting or lifting a child?** Y N

**If Yes, Please explain:** \_\_\_\_\_

3. Is there any information on your DOJ or FBI reports that you need to disclose? Y N

**(Any information needs to be disclosed prior to being hired. If your DOJ or FBI report (s) contain any hits, we reserve the right to rescind any offers made to you.)**

4. Do you have a current valid California driver's license? Y N

**(You will need to provide this information within 24 hours if hired).**

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5. Do you have current automobile insurance?  Y  N  
 (You will need to provide this information within 24 hours if hired).

6. Do you have any allergies to animals, materials, or foods?  Y  N  
 If Yes, Please explain: \_\_\_\_\_

7. If you smoke can you go 3-4 hours without a cigarette?  Y  N  N/A

**APPLICANT’S CERTIFICATION AND AGREEMENT**

- I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that falsified statements on this application shall be grounds for rejection of this application or dismissal if I am already employed. Initials \_\_\_\_\_
- If an offer of employment is made, I understand that I may be asked to undergo a drug screening test contingent upon employment or at any time during employment with Creative Behavioral Consultants, Inc. Initials \_\_\_\_\_
- **Social Media** (e.g., facebook, twitter, etc): I understand that if hired, it is possible that parents may do an internet search about the employees that are placed in their homes. If parents find anything on the internet that is of concern to them, and they request that the employee be taken off of the case, CBC will have no option but to respect the parents request and will have to remove the employee from the case. If that occurs, CBC cannot guarantee that another client will be assigned to the employee. Initials \_\_\_\_\_
- I understand that there is a minimum competency level required in order to provide Applied Behavior Analysis that will be monitored throughout the training process. If an offer of employment is made, CBC reserves the right to terminate employment if the minimum competency levels are not demonstrated during or after the training process. As per California labor law, employment with CBC is at-will. CBC may terminate employment at any time, with or without cause and with or without notice. Initials \_\_\_\_\_

**APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION**

- I authorize investigation of all statements contained in this application and/or my resume and in the references and employers listed above (unless otherwise indicated) to give Creative Behavioral Consultants, Inc. any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information. I understand that my employment history and qualifications contained in this application, including my resume and any documents regarding my educational experience (e.g., my degree or educational transcripts), and DOJ/FBI reports, and TB test results may be released to CBC’s funding agencies (Regional Centers and Insurance Companies) and schools, if requested.

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE