



Application for Employment

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, pregnancy or pregnancy related condition, marital status, genetic information or results of genetic testing, national origin or ancestry, age, and present or past history of mental disability, mental retardation, learning or physical disability (including but not limited to blindness), military or veteran status, or being a member of the Reserves or National Guard. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.

(PLEASE PRINT)

Position: Behavior Technician/ RBT Board Certified Behavior Analyst Other

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Phone () _____ Email: _____

Have you filed an application with ABLE previously? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Did a former or current employee refer you? Yes No Name: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you available to work Full Time Part Time

PROFESSIONAL REFERENCES

Please provide name of three Supervisors / Managers, name of business, work relationship and contact information. Or other references that are not related to you. (Previous employers preferred)

NAME OF COMPANY and SUPERVISOR	WORK RELATIONSHIP	EMAIL ADDRESS	PHONE NUMBER



Education

	High School				College/University				Graduate/Professional			
Name of School												
Years Completed (Please Circle or Check)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												

Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities:

Please summarize special skills and qualifications acquired from employment or other experience: _____

Academic Honors Received: _____

Employment Experience

Employer	Phone		Work Performed
Address	Email		
City, State, Zip			
Job Title	Dates Employed		
Supervisor	Start Date	End Date	
Reason for Leaving			
Employer	Phone		Work Performed
Address	Email		
City, State, Zip			
Job Title	Dates Employed		
Supervisor	Start Date	End Date	
Reason for Leaving			
Employer	Phone		Work Performed
Address	Email		
City, State, Zip			
Job Title	Dates Employed		
Supervisor	Start Date	End Date	
Reason for Leaving			



Please include your most recent resume

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I certify that the information of on this application is true, complete, and correct. I verify that I am able to perform the essential job functions including being physically able to retrieve a child of up to 50 lbs. should they be running away and am able to sit on the floor to engage the client. I hereby authorize the investigation of my past employment, education, activities, and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTE: Proof of authorization to work in the United States and of your identity is required upon employment.

Signature of Applicant

Date

FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Autism Behavior and Learning Experience (ABLE) and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment, or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have.

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Autism Behavior and Learning Experience (ABLE) or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the Federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date



PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

_____	_____	_____	_____-_____-_____ _____	_____ Date of Birth mm/dd/yyyy
Last Name	First Name	Full Middle	Social Security Number	
_____ Other Name(s) Maiden/Married		_____ Driver's License Number		_____ State
_____ Email Address		_____ Telephone (____) _____		

RESIDENCES (Starting with current)	_____	_____	_____
_____ Street Address	City/State	Zip	How Long? _____
_____ Street Address	_____ City/State	_____ Zip	How Long? _____
_____ Street Address	_____ City/State	_____ Zip	How Long? _____
_____ Street Address	_____ City/State	_____ Zip	How Long? _____
_____ Street Address	_____ City/State	_____ Zip	How Long? _____