

A&D Behavioral Solutions, LLC

Applied Behavior Analysis Services

[Street Address] • [City, State ZIP] • [Phone] • [Email] • [Website]

EMPLOYMENT APPLICATION

Thank you for your interest in joining A&D Behavioral Solutions, LLC. Please complete every section of this application legibly and in full. Write "N/A" where a section does not apply to you. A résumé may be attached but does not replace the information requested here. Incomplete applications may delay consideration.

Equal Opportunity Employer. A&D Behavioral Solutions, LLC provides equal employment opportunities to all applicants and employees without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other characteristic protected by applicable federal, state, or local law. Reasonable accommodations are available for qualified applicants with disabilities during the application and interview process upon request.

SECTION 1 — POSITION INFORMATION

Position(s) Applied For 	Date of Application 	Date Available to Start
Employment Type Desired ☐ Full-Time ☐ Part-Time ☐ PRN / As Needed	Desired Pay Rate 	Are you 18 years of age or older? ☐ Yes ☐ No
How did you learn about this opening? ☐ Indeed ☐ Referral ☐ Website ☐ Social Media ☐ Other	If referred, by whom? 	
Have you previously applied to or worked for A&D Behavioral Solutions? ☐ Yes ☐ No	If yes, position and dates 	

SECTION 2 — APPLICANT INFORMATION

Last Name 	First Name 	Middle Initial 	Preferred Name
Street Address 	Apt / Unit # 	City 	
State 	ZIP Code 	Primary Phone 	Alternate Phone
Email Address 	Preferred Contact Method ☐ Phone ☐ Text ☐ Email		
Are you legally authorized to work in the United States? ☐ Yes ☐ No	Will you now or in the future require sponsorship for employment visa status? ☐ Yes ☐ No		
Do you have a valid driver's license? ☐ Yes ☐ No	Do you have reliable transportation? ☐ Yes ☐ No	Do you carry current auto insurance? ☐ Yes ☐ No	

Note: Proof of identity and employment eligibility (Form I-9) will be required upon hire in accordance with federal law. Many positions require travel to client homes, schools, and community settings.

SECTION 3 — AVAILABILITY

Please mark every block you are generally available to work. Client sessions are commonly scheduled on weekday afternoons and early evenings.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (7 am – 12 pm)	☐	☐	☐	☐	☐	☐	☐
Afternoon (12 pm – 4 pm)	☐	☐	☐	☐	☐	☐	☐
Evening (4 pm – 8 pm)	☐	☐	☐	☐	☐	☐	☐

Total hours per week desired 	Settings you are willing to work in ☐ In-Home ☐ Clinic / Center ☐ School ☐ Community ☐ Telehealth
Maximum travel distance from home (miles) 	Any restrictions on availability (school schedule, other employment, etc.)?

SECTION 4 — EDUCATION

Level	School Name & Location (City, State)	Dates Attended	Graduated?	Diploma / Degree & Major
High School / GED			☐ Yes ☐ No	
College / University			☐ Yes ☐ No	
Graduate School			☐ Yes ☐ No	
Other / Vocational			☐ Yes ☐ No	

Are you currently enrolled in a degree or certification program? If yes, list program, school, and expected completion date.

SECTION 5 — CERTIFICATIONS, LICENSES & TRAINING

Complete all that apply. Attach copies of current certificates or licenses if available. Verification will be conducted through the BACB registry and applicable state licensing boards.

Credential	Held?	Certification / License #	Issuing Body / State	Expiration Date
Registered Behavior Technician (RBT®)	☐ Yes ☐ No		BACB	
Board Certified Assistant Behavior Analyst (BCaBA®)	☐ Yes ☐ No		BACB	
Board Certified Behavior Analyst (BCBA® / BCBA-D)	☐ Yes ☐ No		BACB	
State Behavior Analyst License (LBA)	☐ Yes ☐ No			
CPR / First Aid	☐ Yes ☐ No			
Crisis / Safety Training (e.g., Safety-Care®, CPI®, QBS)	☐ Yes ☐ No			
Other (specify):	☐ Yes ☐ No			

Have you completed the BACB 40-Hour RBT Training?

☐ Yes ☐ No ☐ In Progress

If yes, training provider and completion date

Has any professional certification or license you have held ever been denied, suspended, revoked, or made subject to disciplinary action by a certifying or licensing body?

☐ Yes ☐ No

If yes, please explain (attach additional page if needed)

SECTION 6 — RELEVANT EXPERIENCE & SKILLS

Years of experience providing ABA services

Years of experience working with individuals with autism and/or intellectual & developmental disabilities (IDD)

Populations you have served

☐ Early Intervention (0–5) ☐ School-Age (6–12) ☐ Adolescents (13–17) ☐ Adults (18+)

Settings you have worked in

☐ In-Home ☐ Clinic ☐ School ☐ Residential / Group Home ☐ Community ☐ Telehealth

Experience with practice-management / data-collection platforms (e.g., CentralReach, Catalyst, Rethink, Motivity)

Languages spoken other than English

Experience implementing behavior support plans, crisis de-escalation, or physical management procedures? Please describe.

Briefly describe why you are interested in this position and what you would bring to our team.

SECTION 7 — EMPLOYMENT HISTORY

Begin with your most recent employer. Include volunteer work and practicum/fieldwork placements if relevant. Attach additional pages if needed.

Employer 1

Employer / Company Name	Phone	Job Title
Address (City, State)	Supervisor Name & Title	Dates Employed (From – To)
Duties & Responsibilities		
Reason for Leaving	May we contact this employer?	
	☐ Yes ☐ No	

Employer 2

Employer / Company Name 	Phone 	Job Title
Address (City, State) 	Supervisor Name & Title 	Dates Employed (From – To)
Duties & Responsibilities 		
Reason for Leaving 	May we contact this employer? ☐ Yes ☐ No	

Employer 3

Employer / Company Name 	Phone 	Job Title
Address (City, State) 	Supervisor Name & Title 	Dates Employed (From – To)
Duties & Responsibilities 		
Reason for Leaving 	May we contact this employer? ☐ Yes ☐ No	

Please explain any gaps in employment of six months or longer.

SECTION 8 — PROFESSIONAL REFERENCES

Please list three professional references (supervisors, professors, or colleagues) who are not related to you.

Reference 1

Full Name 	Relationship / Title 	Company / Organization
Phone 	Email 	Years Known

Reference 2

Full Name 	Relationship / Title 	Company / Organization
Phone 	Email 	Years Known

Reference 3

Full Name 	Relationship / Title 	Company / Organization
Phone 	Email 	Years Known

SECTION 9 — MILITARY SERVICE (OPTIONAL)

Branch 	Dates of Service (From – To) 	Rank at Separation 	Relevant Training / Skills
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SECTION 10 — BACKGROUND SCREENING ACKNOWLEDGMENT

A&D Behavioral Solutions, LLC serves children and adults with disabilities. Because of the vulnerable populations we support, all offers of employment are conditional upon satisfactory completion of the following, in accordance with federal and state law and the requirements of the funding sources and agencies we work with:

- ☐ Criminal background check (state and national fingerprint-based, as required)
- ☐ Abuse, neglect, and exploitation registry checks (including applicable state abuse registries and the Sex Offender Registry)
- ☐ OIG / Medicaid exclusion list and other sanction database screening
- ☐ Verification of education, credentials, licensure, and employment history
- ☐ Drug screening, driving-record check, and health screening (e.g., TB test) where required for the position

A criminal history does not automatically disqualify an applicant. Any criminal-history inquiry will be made only after a conditional offer of employment and will be evaluated in relation to the specific duties of the position, as permitted by applicable law. You will receive a separate written disclosure and authorization form, as required by the Fair Credit Reporting Act (FCRA), before any consumer report is obtained.

By initialing below, I acknowledge that I have read and understand the screening requirements described above and that I am willing to complete them if offered employment.

Applicant Initials 	Date
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SECTION 11 — APPLICANT CERTIFICATION & SIGNATURE

Please read carefully before signing.

- ☐ I certify that all information I have provided in this application, and in any attachments or résumé, is true, complete, and correct to the best of my knowledge. I understand that any false statement, misrepresentation, or omission of material fact may result in rejection of my application or, if I am hired, in disciplinary action up to and including termination, regardless of when it is discovered.
- ☐ I authorize A&D Behavioral Solutions, LLC to contact the employers, schools, references, and certifying or licensing bodies listed in this application to verify the information I have provided, except where I have indicated that a current employer should not be contacted. I release the Company and all such parties from any liability arising from providing or receiving this information.
- ☐ I understand that this application does not constitute a contract of employment and that, if hired, my employment will be at-will. This means that either I or the Company may end the employment relationship at any time, with or without cause and with or without notice. No representative of the Company, other than its owner(s) in a signed writing, has the authority to alter the at-will nature of employment.
- ☐ I understand that, if hired, I will be required to provide documentation establishing my identity and eligibility to work in the United States, to comply with all Company policies including those regarding client confidentiality (HIPAA) and professional ethics (BACB Ethics Code for Behavior Analysts and RBT Ethics Code, as applicable), and to maintain any credential required for my position.
- ☐ I understand that this application will remain active for ninety (90) days from the date of signature. If I wish to be considered for employment after that time, I must submit a new application.

Applicant Signature 	Printed Name 	Date
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FOR OFFICE USE ONLY

Date Received	Received By	Interview Date	Interviewer	Decision ☐ Hire ☐ Hold ☐ Decline
Credential Verification Completed (BACB / State Board) ☐ Yes ☐ No	Background Screening Initiated ☐ Yes ☐ No	Notes		