



# APPLICATION FOR EMPLOYMENT

Thank you for your interest in joining our team at **Comfort Kare, LLC** Please review and complete this employment application in its entirety. Provide all information requested by printing in ink or typing. **DO NOT LEAVE SECTIONS BLANK**

## GENERAL INFORMATION

FIRST NAME	LAST NAME	Middle Initial	HM TELEPHONE
ADDRESS	CITY	ZIP	CELL TELEPHONE
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION Circle Position

Registered Behavior Tech Behavior Technician BCBA	<b>Will Accept:</b> <input type="checkbox"/> Per Diem <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekday <input type="checkbox"/> Weekends
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hourly Rate desired	Start Date Available	

## AVAILABILITY (This section can be removed if you are not doing in-home services).

**Instructions:** Please indicate below by putting an **X** in the columns designating the times that you are **available** to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9AM							CLOSED
10AM							CLOSED
11AM							CLOSED
Noon							CLOSED
1PM							CLOSED
2PM							CLOSED

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3PM							CLOSED
4PM							CLOSED
5PM							CLOSED
6PM							CLOSED
7PM							CLOSED

**EDUCATION AND TRAINING**

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>College, Business School, Military (Most recent first) &amp; Certification or Certificate of Completion</b>						
Name and Location	Dates Attended Month/Year			Graduate	Degree & Year	Major or Subject psych
		Quarterly or Semester Hours	Other (Specify)			
1.	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
2.	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
3.	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
4.	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
<b>RBT/BCBA Certified YES OR NO</b>		<b>NUMBER</b>		<b>ISSUED:</b>		<b>ACTIVE OR EXPIRED</b>
<b>40 Hour -RBT Training complete YES OR NO</b>		<b>PLEASE PROVIDE A COPY OF THE CERTIFICATE OF COMPLETIONS</b>		<b>WHERE DID YOU EARN YOUR CERTIFICATE (City and State)</b>		<b>COMPANY NAME</b>

Languages Read, Written or Spoken Fluently:

**VETERAN INFORMATION (Most recent)**

	Date of Entry	Date of Discharge
--	---------------	-------------------

**BACKGROUND**

Have you ever been convicted of a crime (other than a moving violation) or served time?

YES (If yes, please describe. Conviction of a crime does not automatically disqualify you from employment.)

NO

**SPECIAL SKILLS AND ADDITIONAL CERTIFICATIONS HELD**

--

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

<b>1 Employer</b>	Telephone Number	From (Month/Year)
Address		
Job Title	Supervised Staff YES OR NO	To (Month/Year)
Specific Duties:		Hours Per Week
		Hourly rate
		Supervisor
Reason for Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Employer</b>	Telephone Number	From (Month/Year)
Address		
Job Title	Supervised Staff YES OR NO	To (Month/Year)
Specific Duties		Hours Per Week
		Hourly rate
		Supervisor
Reason for Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>3. Employer</b>	<b>Telephone Number</b>	<b>From (Month/Year)</b>
<b>Address</b>		
<b>Job Title</b>	<b>Supervised Staff YES OR NO</b>	<b>To (Month/Year)</b>
<b>Specific Duties</b>		<b>Hours Per Week</b>
		<b>Hourly Rate</b>
		<b>Supervisor</b>
<b>Reason for Leaving</b>		<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>4. Employer</b>	<b>Telephone Number</b>	<b>From (Month/Year)</b>
<b>Address</b>		
<b>Job Title</b>	<b>Supervised Staff YES OR NO</b>	<b>To (Month/Year)</b>
<b>Specific Duties</b>		<b>Hours Per Week</b>
		<b>Hourly Rate</b>
		<b>Supervisor</b>
<b>Reason for Leaving</b>		<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCE REQUEST                      Manager, Supervisor or Team Lead -ONLY**

<b>Name and Affiliation to you</b>	<b>Company Affiliation &amp; Phone Number</b>	<b>Dates of Affiliation</b>
------------------------------------	---	-----------------------------

**Provide all the information requested**

Company  
ABC Therapy -703-123-4567

**Example:**            Name Mrs. Jane Apple, Former Supervisor,

2019 to 2021

<b>1.</b>		
<b>2.</b>		
<b>3.</b>		

**Applicant’s Agreement & Release of Information Authorization**

1. I understand that I may submit a copy of my résumé and that by submitting a copy of my résumé I understand that it will be used only as supporting and additional background information. A résumé is not an authorized substitute for a completed employee application.
2. I understand that if I should choose to complete only a portion of the required employment application that the information submitted may not be enough information from which to base any determination on, and, as a result, my application may not receive full consideration for employment.
3. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information. I also release from all liability that may result from making background investigations.
4. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
5. I agree, if I am offered and accept a position, to conform to all existing and future workplace rules, regulations, policies, and procedures of Comfort Kare, LLC
6. I understand and agree that reserves the right to change any wage and hours of work, in its sole discretion, at any time as deemed necessary.
7. I understand the employment relationship will be At Will, meaning that either party can end the employment relationship at any time, and for any reason, or no reason with written notice.
8. I understand that I must submit to fingerprinting/background checks, drug testing, and/or medical testing as part of the process to determine my fitness for employment and hereby agree to submit to such testing. I authorize all persons, agencies, or other entities to release any information concerning my background or test results and hereby release from all liability any persons, agencies, or other entities supplying such information. I also release from all liability that may result from making such investigations. I understand that I must participate in fingerprinting/background checks, drug testing, and/or medical testing prior to being offered and accepting a position with Comfort Kare, LLC
9. I understand that any employment offer is contingent upon my providing proof of identity and eligibility to work within the United States to conform with the provisions of the Immigration Reform and Control Act of 1986.
10. I understand that all programs developed as part of my job responsibilities and all materials that I am entitled to receiving as part of my employment are the property of and that I will not try to copy, use, publish, or replicate a program or any materials for personal use, business ventures, or with other businesses. I understand that if this occurs legal action will ensue against me for violating this term of my employment.

I have read and reviewed the information contained in this employment application, as well as the above-mentioned statements of agreement. By signing this employment application, I certify that I understand all the information requested and that I have provided information that is truthful, complete, and accurate.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold the Company, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I hereby authorize Comfort Kare to conduct a background check as part of the application process in addition, should employment be offered, I authorize Comfort Kare to conduct background screenings during my employment as well.

Comfort Kare, LLC is *an Equal Employment Opportunity employer, and we do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal law.*