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EMPLOYMENT APPLICATION

Please complete the entire application. Providing misleading or inaccurate information is grounds for immediate dismissal. Incomplete applications will not be considered.

Full Name: _____
Home Address: _____
City/State/Zip _____

Number of years at this address: _____

Prior Address: _____
City/State/Zip _____

Number of years at this address: _____

Daytime phone: _____
Evening phone: _____
Mobile phone: _____
Email: _____
Date of Birth: _____

Social Security: _____
Driver's License
(State/No.) _____

Are you at least 18 years old? Yes No

Are you a citizen of the United States? Yes No

If, no are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No

If yes, when? _____

Have you previously applied to work for this company? Yes No

If yes, when and for
what position? _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, explain? _____

Position applying for: Administrative Staff
 Behavior Support Staff
 Family Trainer/Consultant
 Other _____

Date available to begin employment: _____

Time(s) available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Check all that apply

- Full time (30 – 40 hours per week)
- Part time (10 – 20 hours per week)
- Flexible
- Mornings (7 am – 11 am)
- Days (9 am – 5 pm)
- Nights (5 pm – 12 am)
- Weekends

Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating
<input type="checkbox"/> Typing	_____	1 2 3 4 5
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.)	_____	1 2 3 4 5
<input type="checkbox"/> Applied behavior analysis	_____	1 2 3 4 5
<input type="checkbox"/> Verbal behavior	_____	1 2 3 4 5
<input type="checkbox"/> Special education	_____	1 2 3 4 5
<input type="checkbox"/> Intensive individual support services	_____	1 2 3 4 5
<input type="checkbox"/> Family Consulting	_____	1 2 3 4 5
<input type="checkbox"/> Positive behavior supports and intervention	_____	1 2 3 4 5
<input type="checkbox"/> Writing Treatment Plan goals as related to behavioral interventions	_____	1 2 3 4 5
<input type="checkbox"/> Other	_____	1 2 3 4 5
<input type="checkbox"/> Other	_____	1 2 3 4 5
<input type="checkbox"/> Other	_____	1 2 3 4 5
<input type="checkbox"/> Other	_____	1 2 3 4 5

What languages do you speak? _____

Education - Please write neatly
 Type School

Course of Study

From – To
(Years)

Graduation
(Year, if
applicable)

High School				
College/ University				
College/ University				
College/ University				
Trade/ Vocational				
Other				
Other				

Are you a Board Certified Behavior Analyst? Yes No

If yes, what is your Certification Number? _____

Are you a Board Certified Assistant Behavior Analyst? Yes No

If yes, what is your Certification Number? _____

Are you licensed in any jurisdiction as a BCBA or BCaBA? Yes No

If yes, where? _____

Are you a credentialed as a Registered Behavior Technician? Yes No

If yes, what is your Registration Number? _____

If you are licensed as a BCaBA or credentialed as an RBT, what is your supervisor's name?

Insurance Qualification Questions

Have you ever been refused coverage for professional liability or malpractice insurance or has your malpractice or professional liability insurance ever been canceled or declined for renewal (non-renewed)? Yes No

Has any claim or suit ever been brought against you for alleged malpractice or professional liability, or are you aware of any incident or existing circumstance that might reasonably lead to a claim or suit? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

Have you ever had your license, certification or registration suspended, revoked, or placed on probation by a licensing board, board of examiners, or any other governmental entity that regulates your profession? Yes No

Have you received a citation or paid a fine as a result of a board proceeding? Yes No

Have you surrendered, either voluntarily or otherwise, your license, certification or registration? Yes No

Have you ever been accused of sexual misconduct or any professional impropriety? Yes No

Have any complaints ever been filed against you or have there ever been any formal or informal investigations or inquiries opened with a peer review committee or an ethics committee of a professional association, hospital, health care facility, or any other governmental or private entity? Yes No

Do you know of any reason why you cannot comply with the legal, ethical, or professional standards set by law, by regulation, by a peer review committee or by an applicable code of ethics in any jurisdiction where you provide services? Yes No

If your answer to any of the previous questions is “yes”, please provide a detailed explanation below. Please also provide any pertaining documentation (i.e. Dismissal Letters, Consent Agreements, etc....). In addition, if you have previously reported this on prior applications, or it is already on file with our agency, please indicate so.

* Please include a written description of the “Yes” answer above:

Experience

Who have you previously provided services to?

<i>Age Groups</i>	<i>Diagnoses</i>
<input type="checkbox"/> Early childhood (ages 0 – 5)	
<input type="checkbox"/> Children (ages 5 – 10)	
<input type="checkbox"/> Adolescents (ages 10 – 18)	
<input type="checkbox"/> Young Adults (ages 18 – 35)	
<input type="checkbox"/> Adults (ages 35 – 65)	
<input type="checkbox"/> Seniors (ages 65+)	

Do you have experience working with social skills groups? Yes No

These groups based in what setting? (Check all that apply)

- Clinical setting Community setting School setting

What group sizes do you have experience providing services to?

- 2 or 3:1 4 or 5:1 Larger

Employment History

List your current, or most recent, employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer’s Name: _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Title: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

Employer's Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Title: _____
Reason for
Leaving: _____
Dates of
Employment
(Month/Year): _____

Employer's Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Title: _____
Reason for
Leaving: _____
Dates of
Employment
(Month/Year): _____

Professional References

Only list names and contact information of people you are interested in us contacting. By listing a person and contact information below, you are providing us with your permission to contact them.

Name: _____
Telephone Number: _____
Email: _____
Relationship _____

Name: _____
Telephone Number: _____
Email: _____
Relationship _____

Name: _____
Telephone Number: _____
Email: _____
Relationship _____

Emergency Contacts

Who should we contact if you are involved in an emergency?

Name: _____
Address: _____
City/State/Zip _____
Telephone Number _____
Relationship _____

Name: _____
Address: _____
City/State/Zip _____
Telephone Number _____
Relationship _____

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Breakthrough Developmental Services, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I, or my employer, will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Breakthrough Developmental Services, LLC, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant's Signature

Date

Applicant's Printed Name

Breakthrough Developmental Services, LLC is an equal opportunity employer. Your application will be considered without regard to race, age, color, gender, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation, or physical or mental disability.