



PROGRESSIVE OPTION SUPPORT SERVICES

A Clinical & Behavioral Health Agency

POSS EMPLOYMENT APPLICATION

Thank you for your interest in joining our team at Progressive Option Support Services. Please review and complete this employment application in its entirety. Provide all information requested by printing in ink or typing. Also, please include an updated **résumé or curriculum vitae (CV)** to this application and **fax all documents to 201-328-9424.**

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Cell Phone () -		
		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position or Type of Employment Desired (Check ALL that apply): <input type="checkbox"/> Board Certified Behavior Analyst <input type="checkbox"/> Registered Behavior Technician (RBT)/ Behavior Technician <input type="checkbox"/> Intensive In Community (IIC) Therapist <input type="checkbox"/> Behavior Assistant <input type="checkbox"/> Mentor	Will Accept: <input type="checkbox"/> Per Diem <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekday <input type="checkbox"/> Weekends
Salary Desired	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. **Please indicate 1 hour blocks of time** at a minimum.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00am – 8:30am							
8:30am – 9:00am							
9:00am – 9:30am							
9:30am – 10:00am							
10:00am – 10:30am							
10:30am – 11:00am							
11:00am – 11:30am							
11:30am – 12:00pm							
12:00pm – 12:30pm							
12:30pm –							

1:00pm							
1:00pm – 1:30pm							
1:30pm – 2:00pm							
2:00pm – 2:30pm							
2:30pm – 3:00pm							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3:00pm – 3:30pm							
3:30pm – 4:00pm							
4:00pm – 4:30pm							
4:30pm – 5:00pm							
5:00pm – 5:30pm							
5:30pm – 6:00pm							
6:00pm – 6:30pm							
6:30pm – 7:00pm							
7:00pm – 7:30pm							
7:30pm – 8:00pm							
8:00pm – 8:30pm							
8:30pm – 9:00pm							

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? Yes No

If no, list the highest grade completed:

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than English			
NPI Number (if applicable)			

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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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

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

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason for Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason for Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary

		Supervisor
Reason for Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES (Include only individuals familiar with your work capabilities. Do not include relatives.)

Name	Address/Phone Numbers	Years Known/Relationship
1.		
2.		
3.		

APPLICANT'S CERTIFICATION AGREEMENT

- I understand that I may submit a copy of my résumé or curriculum vitae (CV) and that by submitting a copy of my résumé/CV I understand that it will be used only as supporting and additional background information. A résumé/CV is not an authorized substitute for a completed employee application.
- 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.
- 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 Progressive Option Support Services from all liability that may result from making background investigations.
- 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.
- I agree, if I am offered and accept a position, to conform to all existing and future workplace rules, regulations, policies, and procedures of Progressive Option Support Services.
- I understand and agree that Progressive Option Support Services reserves the right to change any wage and hours of work, in its sole discretion, at any time as deemed necessary.
- 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.
- I understand that I must submit to fingerprinting/background checks and/or medical testing as part of the process to determine my fitness for employment and hereby agree to submit to such screening. 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 Progressive Option Support Services from all liability that may result from making such investigations. I understand that I must participate in fingerprinting/background checks which includes credit, criminal history, child abuse, sexual offender registry, and motor vehicle record checks prior to beginning employment.
- I understand that Progressive Option Support Services reserves the right to perform random drug testing.
- 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.
- 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 Progressive Option Support Services 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 of the information requested and that I have provided information that is truthful, complete, and accurate.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: ____ / ____ / ____

Progressive Option Support Services 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.

FOR INTERNAL USE ONLY:

Printed Name of Interviewer: _____

Date: ____ / ____ / ____ **Time:** ____:____ am/pm (circle one)

Interviewer's Comments:

Next Action(s) to be Taken:

- Hire (pending outcome of background check, drug testing, etc.)
- Second interview with
- Check References
- Do not hire

Rationale: _____

Signature of Interviewer: _____ Date: ____ / ____ / ____