



# Green Box ABA PLLC

## 6216 Old Keene Mill Ct Springfield, VA, 22152

### EMPLOYMENT APPLICATION

**Green Box ABA PLLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.**

**Submit the completed application, a current resume, and cover letter at [www.greenboxaba.org/careers](http://www.greenboxaba.org/careers)**

DATE OF APPLICATION: \_\_\_\_\_

#### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
*Last First Middle*

MAILING ADDRESS \_\_\_\_\_  
*Street City State Zip*

PHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

May we contact you at work? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No (If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever applied for employment with Green Box ABA PLLC before? If yes, give approximate date. \_\_\_\_\_

Have you ever worked for Green Box ABA PLLC before? If yes, give approximate dates. From \_\_\_\_\_ To \_\_\_\_\_

Are you related to anyone currently employed by Green Box ABA PLLC? If yes, provide name and relationship. \_\_\_\_\_

#### POSITION INFORMATION

WHAT POSITION ARE YOU APPLYING FOR? \_\_\_\_\_ Behavior Technician \_\_\_\_\_ BCBA \_\_\_\_\_ Administrative/Other (specify): \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED PAYRATE: \_\_\_\_\_ DESIRED HOURS/WEEK: \_\_\_\_\_

#### REFERRAL BY:

WHO REFERRED YOU TO APPLY TO GREEN BOX ABA? \_\_\_\_\_

**SCHEDULE AVAILABILITY** *(Required if applying for part-time employment or a position that delivers direct services to the client.)*

HOURS AVAILABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Do you expect your availability to change in the near future? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**WORK SCHEDULES ARE SUBJECT TO CHANGE BASED UPON THE NEEDS OF THE BUSINESS.**

**EDUCATIONAL INFORMATION**

EDUCATION LEVEL	NAME OF INSTITUTION CITY, STATE	MAJOR/SUBJECT (If Applicable)	GRADUATED	DEGREE
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CERTIFICATION/LICENSURE** *(List all valid certifications/licenses. If offered employment, you will be required to provide documentation.)*

TYPE OF CERTIFICATE/LICENSE	ISSUE DATE	EXPIRATION DATE	STATE

**EMPLOYMENT HISTORY** *(Begin with most recent employment and continue with all past employment. Attach additional sheet if necessary.)*

<b>1</b>	NAME OF EMPLOYER	FROM		STARTING PAYRATE	JOB TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR
	ADDRESS	MO.	YR.	\$	TYPE OF BUSINESS	
	CITY, STATE, ZIP	TO		ENDING PAYRATE	MAY WE CONTACT EMPLOYER?	
	PHONE NO.	MO.	YR.	\$	REASON FOR LEAVING (Please explain)	
DESCRIBE YOUR JOB DUTIES						
<b>2</b>	NAME OF EMPLOYER	FROM		STARTING PAYRATE	JOB TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR
	ADDRESS	MO.	YR.	\$	TYPE OF BUSINESS	
	CITY, STATE, ZIP	TO		ENDING PAYRATE	MAY WE CONTACT EMPLOYER?	
	PHONE NO.	MO.	YR.	\$	REASON FOR LEAVING (Please explain)	
DESCRIBE YOUR JOB DUTIES						

<b>3</b>	NAME OF EMPLOYER	FROM		STARTING PAYRATE	JOB TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR
	ADDRESS	MO.	YR.	\$	TYPE OF BUSINESS	
	CITY, STATE, ZIP	TO		ENDING PAYRATE	MAY WE CONTACT EMPLOYER?	
	PHONE NO.	MO.	YR.	\$	REASON FOR LEAVING (Please explain)	
DESCRIBE YOUR JOB DUTIES						

  

<b>4</b>	NAME OF EMPLOYER	FROM		STARTING PAYRATE	JOB TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR
	ADDRESS	MO.	YR.	\$	TYPE OF BUSINESS	
	CITY, STATE, ZIP	TO		ENDING PAYRATE	MAY WE CONTACT EMPLOYER?	
	PHONE NO.	MO.	YR.	\$	REASON FOR LEAVING (Please explain)	
DESCRIBE YOUR JOB DUTIES						

## RELEVANT EXPERIENCE

DESCRIBE YOUR EXPERIENCE WITH THE SPECIAL NEEDS POPULATION. THIS CAN INCLUDE RELEVANT PERSONAL EXPERIENCES AND VOLUNTEER EXPERIENCES, IN ADDITION TO PREVIOUS JOB EXPERIENCE.

## REFERENCES

NAME	NAME
TITLE/RELATIONSHIP	TITLE/RELATIONSHIP
ADDRESS	ADDRESS
PHONE NO.	PHONE NO.
NAME	NAME
TITLE/RELATIONSHIP	TITLE/RELATIONSHIP
ADDRESS	ADDRESS
PHONE NO.	PHONE NO.

## APPLICANT'S CERTIFICATION AND AGREEMENT *(Please read before signing.)*

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Green Box ABA PLLC to verify their accuracy and to obtain reference information on my work performance. I hereby release Green Box ABA PLLC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for termination of employment.

I understand and agree that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Green Box ABA PLLC. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Green Box ABA PLC may terminate my employment at any time with or without notice or cause.

\_\_\_\_\_  
Legal Signature of Applicant (Written Signature Required)

\_\_\_\_\_  
Date