



## EMPLOYMENT APPLICATION

Please complete the entire application.

### Employer Information

Employer: Treasured Hearts ABA LLC  
Address: 1108 Eden Way N.  
City/State/ZIP: Chesapeake, Virginia 23320  
Telephone: (703)596-9332  
Website: www.treasuredheartsaba.com

It is the policy of Treasured Hearts ABA LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### Applicant Information:

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

### Emergency Contact:

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4. Job Position Applied For: \_\_\_\_\_  
Full or Part Time? \_\_\_\_\_
5. Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

6. Who referred you to our company? \_\_\_\_\_  
 Do you have any friends or relatives who work here? If yes, please list here:  
 \_\_\_\_\_
7. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, when? \_\_\_\_\_
8. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. How will you get to work? \_\_\_\_\_
10. Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If no, please state any limitations:  
 \_\_\_\_\_
11. If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. If you are offered employment, when would you be available to begin work?  
 \_\_\_\_\_
13. If hired, are you able to submit proof that you are legally eligible for  
 employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No
14. Are you able to perform the essential functions of the job position you seek  
 with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_  
 No What reasonable accommodation, if any, would you request?  
 \_\_\_\_\_

**Applicant's 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.

Skill	Years of Experience
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.)	_____
<input type="checkbox"/> Behavior Therapy	_____
<input type="checkbox"/> Behavior Analysis	_____
<input type="checkbox"/> Data Collection Software	_____

- Experience with Developmental Disabilities \_\_\_\_\_
- Working with Children \_\_\_\_\_

**Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which 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 Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_

**Applicant's Education and Training**

College/University Name and Address

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received:  
 \_\_\_\_\_

High School/GED Name and Address

Did you receive a degree? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Other Training (graduate, technical, vocational):  
\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:  
\_\_\_\_\_

Awards, Honors, Special Achievements:  
\_\_\_\_\_

References

List any three non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

19. 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 Treasured Hearts ABA 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 Clinical Director, 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 Treasured Hearts ABA LLC, except in a specific written contract of employment signed on behalf of the organization by its Clinical Director, 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 SIGNATURE

\_\_\_\_\_  
DATE