

Thank you for your interest in employment with F.A.I.T.H. Please complete the attached application and return it with the FAX cover page. Your completed application can be FAX to (910)327-2716 or emailed as a scanned copy or saved document to hr@faithisallyouneed.net

Fax

To:	F.A.I.T.H.	From:	
Fax:	(910)327-2716	Pages:	
Email:	hr@faithisallyouneed.net	Date:	
Re:	Employment	CC:	



● Please list all areas (City, State) that you are applying for position.

● Please select which position you are applying.

(Check One or Highlight) Tutor Position Clinical Supervisor/Developer (BCBA or BCaBA required)

Pre-Employment

We are very serious about the quality and effectiveness of our programs and services. Our pre-employment qualifications are used to ensure that everyone has the required basic knowledge for a successful employment experience. We have listed the courses below, which also include a list of various companies that offer those courses and certifications.

Tutor pre-employment requirements:

1. Bachelors Degree or 48+ Hours of College/University Coursework
2. Current CPR/First Aid Certification or comply within 3 months of employment

Program Developer pre-employment requirements:

1. Current License or Certification in relevant field, such as BCBA or BCaBA
2. Masters or Doctorate in relevant field
3. Current CPR/First Aid Certification or comply within 3 months of employment

APPLICANT INFORMATION					
Last Name	First		M.I.	Date	
Street Address	Apartment/Unit #				
City	State	ZIP			
Phone	E-mail Address				
Date Available	Social Security No.		Desired Salary		/Hr
Seeking Position:	Program Implementer/Tutor		Program Developer	Other _____	
Weekday Availability?	(Check all applicable) Mornings (7:30 to 1) Afternoons (1 to 5:30) Evenings (3 to 7)				
Desired Num. Hrs?	____ /per week				
Weekend Availability?	Saturday, Times: ____ to ____ Sunday, Times: ____ to ____				
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 so, when?		
Have you ever been convicted of a felony?	YES	NO	If yes, please attach an explanation.		
Do you have access to military installations?	YES	NO			
Do you have internet access?	YES	NO			
Do you have reliable transportation?					
When are you available to begin?					

EDUCATION

High School				Address			
From	To		Did you graduate?	YES	NO	Degree	
College				Address			
From	To		Did you graduate?	YES	NO	Degree	
College				Address			
From	To		Did you graduate?	YES	NO	Degree	
Other				Address			
From	To		Did you graduate?	YES	NO	Degree	

Proof of completion: Please submit copies of transcripts (can be unofficial), diplomas, course syllabi (if requested), training certificates demonstrating completion, and etc for verification and review. (Copies only please as no documents will be returned).

Completion of course work through F.A.I.T.H., LLC or any associated companies does not guarantee employment with F.A.I.T.H. Employment is based on certifications, professional experience, availability, and an interview.

CRISIS MANAGEMENT CERTIFICATION

Which certification do you currently hold?		
Professional Crisis Management Certification (PCM), (www.pcma.org)	Expiration date:	
Nonviolent Crisis Intervention Certification (CPI), (www.crisisprevention.com)		

CPR/FIRST AID CERTIFICATION

Do you currently hold CPR/FIRST AID certification?		
Yes	Expiration date:	
No		

Proof of certifications: Please submit copies of current crisis management and CPR/First Aid certification. (Copies only please as no documents will be returned).

BCBA AND BCABA

Year obtained:		Certification Number:	
Next re-certification Date:			
Do you currently hold liability insurance?			

Proof of certifications: Please submit copies of BCBA or BCaBA certification, teacher license, and etc (Copies only please as no documents will be returned). If you do not have your BCBA or BCaBA please note when you are registered to sit for the exam.

REFERENCES

Please list two professional references that we may contact.

Full Name		Relationship	
Company		Phone ()	
Address			

Office Use Only:

Full Name		Relationship	
Company		Phone ()	
Address			

Office Use Only:

Please list two personal references that we may contact.

Full Name		Relationship	
Company		Phone ()	
Address			

Office Use Only:

Full Name		Relationship	
Company		Phone ()	
Address			

Office Use Only:

PREVIOUS EMPLOYMENT

Company				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES	NO	
Company				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES	NO	

MILITARY SERVICE

Branch			From		To	
Rank at Discharge			Type of Discharge			
If other than honorable, explain						

Consent to Background and Reference Check

Applicant Name: _____
Applicant maiden name: _____
Other names documented as: _____
Date of Birth: _____
Social Security Number: _____
Present Address: _____, _____, _____
Previous addresses, counties, states over last 10 years:

I, _____ hereby authorize F.A.I.T.H./Doemiko Flores and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state, county, local files, federal, and sex offender check, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verifying all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant:

Dated: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Applicant Checklist:

- I have completed the F.A.I.T.H. Application Form
- I met and have enclosed documentation of all pre-employment requirements:
- I have enclosed an unofficial transcript of college coursework and/or diploma.
- I have provided a copy of my professional licensure(s) and certification(s)
- I have provided a copy of my current resume
- I have completed and signed the consent to background check

Signature: _____

Date: _____

***Please email completed application to: hr@faithisallyouneed.net (copies of transcripts, additional requested documents, and signatures can be gathered later if need be)

