

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) Behavior Technician 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.

Behavior Technician pre-employment requirements:

1. Bachelors Degree or 48+ Hours of College/University Coursework (High school diploma is acceptable but 500 hours of unpaid training as a Behavior Technician Apprentice would be required)
2. Current CPR/First Aid Certification or Basic Life Support (BLS) certification (must have been in-person training with a dummy)
3. Registered Behavior Technician (RBT) with the Behavior Analyst Certification Board. (If one does not have their RBT we can provide a training package for you)

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

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				City/ State			
From	To		Did you graduate?	YES	NO	Degree	
College				City/ State			
From	To		Did you graduate?	YES	NO	Degree/ Major	
College				City/ State			
From	To		Did you graduate?	YES	NO	Degree/ Major	
Other				City/ State			
From	To		Did you graduate?	YES	NO	Degree/ Major	

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).

REGISTERED BEHAVIOR TECHNICIAN (RBT)			
Year obtained:		Certificant Number:	
Next re-certification Date:			
Current BCBA supervisor, if applicable			_____ Mark here if you are not an RBT and require the training

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.

BCBA AND BCABA			
Year obtained:		Certificant 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:

REFERENCES

Please list two professional references that we may contact.

Full Name		Relationship	
Company		Phone	()
Address			

Office Use Only:

REFERENCES

Please list two personal references that we may contact.

Full Name		Relationship	
Company		Phone	()
Address			

Office Use Only:

REFERENCES

Please list two personal references that we may contact.

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 Signature or Electronic typed signature: _____ 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)