

Positive Behavior Treatments Inc.

1400 NE Miami Gardens Dr.

Miami, fl 33179

Tel: 786- 274 7777 Fax: 786- 274 7051

1. BASIC PROFESSIONAL INFORMATION

Position Applying for: _____

Location of Position: _____

2. BASIC PERSONAL INFORMATION

Last Name: _____

First Name: _____ Middle Name: _____

Social Security Number: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Office Phone (____) _____

Mobile Phone: (____) _____ Fax Number: (____) _____

Pager Number: (____) _____

Email Address: _____

Languages _____

English proficiency _____

3. EXPERIENCE SUMMARY

Begin with your current or most recent place of employment and work backwards chronologically. Include title changes resulting in promotions. Please do not enter "see Resume" in any other blanks. If additional space is needed to complete your employment history, photocopy the following page (as many times as necessary), fill in and attach as part of this application. Please include internships and practicums.

Employed by: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

Title held: _____

Dates of employment: ___/___/___ to ___/___/___ or Present (circle present if currently employed)

Most Recent Supervisor's Name and Title: _____

Starting salary: _____ ending salary _____

List and describe your duties and responsibilities: _____

Number of employees supervised (if applicable): _____

Reason for leaving (or why you wish to leave, if currently employed): _____

=====

Employed by: _____

Street address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

Title held: _____

Dates of employment: ___/___/___ to ___/___/___

Most Recent Supervisor's Name and Title: _____

Starting salary: _____ ending salary _____

List and describe your duties and responsibilities: _____

Number of employees supervised (if applicable): _____

Reason for leaving: _____

Employed by: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

Title held: _____

Dates of employment: ___/___/___ to ___/___/___ or Present (circle present if currently employed)

Most Recent Supervisor's Name and Title: _____

Starting salary: _____ ending salary _____

List and describe your duties and responsibilities: _____

Number of employees supervised (if applicable): _____

Reason for leaving (or why you wish to leave, if currently employed): _____

=====

Employed by: _____

Street address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

Title held: _____

Dates of employment: ___/___/___ to ___/___/___

Most Recent Supervisor's Name and Title: _____

Starting salary: _____ ending salary _____

List and describe your duties and responsibilities: _____

Number of employees supervised (if applicable): _____

Reason for leaving: _____

4. EDUCATION

A. High School Education

Name: _____

City: _____ State: _____

Diploma awarded: YES / NO (circle one) Graduation Date ___/___/___

B. College Application (if applicable)

Institution: _____

City: _____ State: _____

Degree Earned: _____ Date: ___/___/___

C. Higher Education/ Continuing Education

D. Computer skills

5. ADDITIONAL INFORMATION- PART 1

(In Part 1 *only*, questions answered “Yes” require a written explanation to be attached to this application)

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you currently unemployed? Yes No

Are you prevented from lawfully becoming employed Yes No

In this country because of visa or immigration status?

(proof of citizenship or immigration status will be required upon employment)

Have you ever been dismissed or asked to resign from a position? Yes No

Have you ever been convicted of a felony? Yes No

Are there any lapses in your employment? Yes No

6. ADDITIONAL INFORMATION- PART 2

Can you travel if the job requires it? Yes No

Can you work flexible hours if the job requires it? Yes No

Can you perform the job functions of the positions for which you are applying? (if “no” please attach a written explanation in this application) Yes No

May we contact your present employer for referencing purposes at this time? Yes No

Date available for employment: ____/____/____

How did you find out about Positive Behavior Treatments Inc: _____

Are you proficient in Microsoft Office? (Excel, Word, Etc...): Yes No

Languages (Indicate read/write/speak): _____

7. REFERENCES- FOUR PROFESSIONAL REFERENCES (not friends or family members) with personal knowledge from direct observation of your professional abilities, ethical character and ability to work with others.

| | | |
|--------------|----|----|
| NAME | 1. | 2. |
| TITLE | | |
| ADDRESS | | |
| ADDRESS | | |
| PHONE NUMBER | | |

| | | |
|--------------|----|----|
| NAME | 3. | 4. |
| TITLE | | |
| ADDRESS | | |
| ADDRESS | | |
| PHONE NUMBER | | |

In the event of employment, I understand that false or misleading information given on this application may result in discharge. I hereby authorize and consent to the release of information by present and past

employers and/or other interested parties to Positive Behavior Treatments Inc. to be utilized in the processing of my application. I release the above mentioned parties from any liability, as long as the information refers to my application and is done in good faith without malice.

Signature of Applicant

Date