

Work history:

Describe other work experiences, beginning with the most recent job held:

Company: _____ **Position:** _____

Supervisor: _____ **Phone number:** _____

Location: _____ **Job responsibilities:** _____

Dates of employment: _____ **Starting hourly wage:** _____

Reason you left: _____ **Ending hourly wage:** _____

Company: _____ **Position:** _____

Supervisor: _____ **Phone number:** _____

Location: _____ **Job responsibilities:** _____

Dates of employment: _____ **Starting hourly wage:** _____

Reason you left: _____ **Ending hourly wage:** _____

Company: _____ **Position:** _____

Supervisor: _____ **Phone number:** _____

Location: _____ **Job responsibilities:** _____

Dates of employment: _____ **Starting hourly wage:** _____

Reason you left: _____ **Ending hourly wage:** _____

Additional References: (These should not duplicate references above)

Name: _____ **Phone number:** _____

Relationship: _____

Name: _____ **Phone number:** _____

Relationship: _____

School background:

High school: _____ Location: _____

Year graduated: _____ GPA _____

Extracurricular activities: _____

College: _____ Location: _____

Year graduated: _____ GPA _____

Major: _____ Minor: _____

Extracurricular activities: _____

Are you currently certified in First Aid? _____ CPR? _____

Other Education/Degrees/Certificates: _____

Experience:

What experience do you have working with children? _____

Do you have any experience working with children with autism? If so, please describe that experience. _____

Do you have any experience with Applied Behavioral Analysis? (ABA, ABT, Lovaas, Verbal Behavior, etc.) _____

If yes, please turn this page over and list the children you have worked with (by initials only), the consulting agency they were using, the ages of the children, and the length of time you worked with each child. Also describe their level of performance in the program and what duties you carried out on that team.

Other:

If hired, could you commit to a family/ECS for six months? _____

Would you be willing to give a one-month's written notice if you decide to leave our program? _____

Do you have your own reliable transportation? _____

Have you ever been convicted of a crime? _____

Have you ever been fired from a job before? Why? _____

Why are you interested in this type of work? _____

Describe some of your strengths, both on and off the job: _____

Describe some areas in which you need improvement: _____

Would you be willing to work with a child who had not yet overcome all of his/her inappropriate and/or aggressive behaviors (e.g., hitting, screaming, etc.)? _____

Do you feel you have the energy to participate in physical play with a child for up to 30 minutes at a time? _____ Could you pick up a 30-50 lb. child if needed? *(for example to move them from the floor to a chair)* _____

Are you open to receiving feedback on your job performance? _____

Are you willing to be videoed while on the job? _____ (We use videos for reviews, training, and marketing.)

Do you agree to keep confidential the families' names, phone numbers, addresses, and any identifying information regarding the child's program unless you have written permission from the family and from ECS? _____

Schedule:

*Below list times of your other **work or school obligations** and schedule for each day, or any other schedule conflict you may have so that we can be aware of all of your availability. We will use this information for scheduling your second interview and if you are hired we will use this information to schedule your training and therapy sessions. Once hired, you should make sure you have an approved time off request before changing your schedule.*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

ECS Office Only:

DISCLAIMER AND SIGNATURE

Please read the following statements carefully as they represent matters of importance to both you and in connection with this application for employment.

I understand and agree that:

1. I hereby declare that all statements contained in this application are true and accurate and understand that any misrepresentation, deliberate falsification, or omissions of fact in my application, resume or other materials will be justification for refusal of employment, or if employed, termination from employment.
2. Consideration for employment for this position is contingent upon the result of a reference and background check. I therefore authorize this company to investigate all statements made on this application for employment and to discuss the results of the inquiry with those responsible for hiring. I further authorize the company to contact my former employer(s) and any listed references or persons who can verify information. I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability for such former employer(s) or other person(s) contacted by and providing information to ECS LLC.
3. I authorize and give full permission to have ECS LLC and/or their medical physician to send a specimen of my urine and/or blood to a laboratory for screening for the presence of illegal drugs, alcohol, or prescription medicine taken without a prescription. I will hold harmless ECS LLC, their staff and clients, for any alleged harm or interference with my obtaining or continuing employment as a result of the outcome of the test or not submitting to the test. This includes, but not limited to, possible clerical or laboratory error.
4. In order to be considered for employment at ECS LLC, I agree to authorize a credit and criminal investigation as they pertain to business necessity for ECS LLC. In doing so I understand that I am waiving my right of confidentiality concerning my credit and criminal history. Failure to successfully complete the required credit and criminal investigation will result in rejection of this application.
5. As an at-will employee, I agree to abide by the direction and supervision with regards to day-to-day management of my duties at ECS LLC, including determination of my wage or salary levels. During said employment I agree to devote my time, attention, and skill solely to the business of ECS LLC and I will not disclose to any person any information concerning the business of ECS LLC.
6. Nothing in this application is intended to imply or create an employment relationship or contract for employment. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by ECS LLC at any time.

Please sign that you have read, understood, and agreed to the above statements:

(sign name)

(date)

(print name)

Submit this application along with a copy of your high school and/or college diploma to the ECS office. If you have current first aid and CPR certification, provide us with a copy of those cards. You can return the application to our mailing address below, email to staffing@ecsgreenville.com, or fax to 1-877-551-8436.

ECS office only:

Dipl

DSS

Invw ch

12 hr trng

1A

CPR

TB

SLED

Pay range discussed: \$ _____ Please initial: _____
