

# We Love Autism Academy of Virginia, LLC



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## Application for Employment

*Please complete all sections of this application and submit along with supporting documents.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Desired Hourly Rate: \_\_\_\_\_ Desired # of Hours: \_\_\_\_\_

Do you have a valid Driver's License? Y N Automobile Insurance? Y N

Do you have type 1 NPI? Y N

*If yes provide NPI #* \_\_\_\_\_

Why are you interested in ABA Therapy? (*NOT required if BCBA*)

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### **Education**

*List Information for all levels completed/attempted (e.g., High School, Trade, College, Graduate School)*

<u>Education</u>	<u>School Name</u>	<u>Area of Study/Major/ Concentration</u>	<u># Years Completed</u>	<u>Degree &amp; Date Completed</u>

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## Certifications

<u>Type</u>	<u>Certification/License#</u>	<u>Date of Issue</u>	<u>Expiration Date</u>

Are you currently **OR** enrolled in coursework to become an...

**RBT?**   Y   N                    **BCaBa?**   Y   N                    **BCBA?**   Y   N

If none of the above, would you be willing to complete a 40 hour course and exam?      Y   N

If you are a BCBA would you be willing to supervise BCaBas or BCaba trainees?      Y   N

Are you looking to complete restricted hours and non-restricted hours?      Y   N  
*If yes, how hours are completed?* \_\_\_\_\_

Do you wish to be an independent contractor? (1099 form)      Y   N

Are you willing to sign a nondisclosure agreement contract?      Y   N

Are you willing to complete a background check?      Y   N

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## Work Experience

*Please list present/previous employers in chronological order beginning with present or most recent employers. Account for all periods of time including any period of unemployment.*

Employer	Type of Business	Address	Phone #	Job Title	Supervisor	Start Date/ Final Date (MM/YY)

Employer	Type of Business	Address	Phone #	Job Title	Supervisor	Start Date Final Date

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If applicable, list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years of Experience Working with Children with Developmental Disabilities: \_\_\_\_\_

Years of Experience with ABA: \_\_\_\_\_

Describe Your Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can we at We Love Autism Academy of Virginia, LLC help you achieve your goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**We Love Autism Academy of Virginia, LLC is an Equal Opportunity Employer and it is our policy to provide equal employment opportunities to all people without regard to age, race, color, creed, religion, national origin, disability, gender, sexual orientation, veteran status, or any other basis prohibited by statute, and to promote the full realization of an inclusive employment and service policy.**