



ABA 4U, LLC

EMPLOYMENT APPLICATION

APPLICANT PERSONAL INFORMATION

Name (Last, First, Middle): _____

Date: _____

Social Security Number: _____

Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Phone Number (Cell): _____

Phone Number (Home): _____

Personal E-mail: _____

In Case of Emergency Contact Name: _____

Emergency Contact Phone Number: _____

CREDENTIALS

Professional Credentials: _____

Highest Degree Obtained: _____

Area of Degree: _____

Licenses Obtained: _____

NPI: _____

Private Practice Liability Insurance Provider:

1. Provider _____
2. Policy # _____
3. Dates of Coverage: _____



POSITION/AVAILABILITY

Vacancy Applying For: _____

Desired Hourly Rate: _____

Hours Desired: _____

Date Available to Start: _____

Days & Times Available:

1. Mon: _____
2. Tue: _____
3. Wed: _____
4. Thurs: _____
5. Fri: _____
6. Sat: _____
7. Sun: _____

Have you ever applied to work for this Organization? Yes _____ No _____ If Yes, When? _____

What prompted your application? _____

EMPLOYMENT HISTORY- Present to Past

1. Employer: _____

Address: _____

Telephone: _____

Position: _____

Dates of Employment (Month/Year): _____

Salary: _____

Reason for Leaving: _____

Name and number of supervisor: _____

May we contact your employer? _____



2. Employer: _____

Address: _____

Telephone: _____

Position: _____

Dates of Employment (Month/Year): _____

Salary: _____

Reason for Leaving: _____

Name and number of supervisor: _____

May we contact your employer? _____

3. Employer: _____

Address: _____

Telephone: _____

Position: _____

Dates of Employment (Month/Year): _____

Salary: _____

Reason for Leaving: _____

Name and number of supervisor: _____

May we contact your employer? _____

Please explain any gaps in work history:



Employment Reference Check Form

1. Name (Please Print)

2. Other Names Previously Used

3. Social Security Number

4. Name of Previous Employer

5. Phone Number

6. Supervisor, Duty Title

7. Address

8. City State Zip Code



Dear Employer,

We are considering the above applicant for employment and they indicated that they were employed by your company. We would appreciate your furnishing us with the information requested below. This information will be held in strict confidence. A prompt reply will be greatly appreciated.

Position(s) Held: _____

Dates of Employment: From _____ to _____

Reason for leaving your company:

Salary: \$ _____ per beginning \$ _____ per ending

Would you rehire the above employee? YES NO

In considering the employee's total performance, please check the appropriate space below: Excellent	Good	Average	Poor
Quality of Work			
Job Knowledge			
Judgment/Common Sense			
Initiative			
Interpersonal Skills			
Productivity/Ability to Meet Deadlines			



BACKGROUND SEARCH RELEASE AUTHORIZATION

PLEASE PRINT CLEARLY (All Fields must be completed in order to process application)

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ Apt. _____

CITY: _____ STATE: _____ ZIPCODE: _____

PRIOR ADDRESS (List all from past 7 years including dates)

ADDRESS: _____ Apt. _____

CITY: _____ STATE: _____ ZIPCODE: _____

ADDRESS: _____ Apt. _____

CITY: _____ STATE: _____ ZIPCODE: _____

ADDRESS: _____ Apt. _____

CITY: _____ STATE: _____ ZIPCODE: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____ DATE OF BIRTH: __/__/__

DRIVERS LICENSE NUMBER: _____ STATE: _____



I voluntarily consent to and authorize ABA4U, herein referred to as company, and or their assigned agents, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, D.M.V. Records, Civil Records, Employment/Rental Verifications, Education Verification and Consumer Credit Reports. I authorize any persons, companies, corporations, consumer reporting agencies, courts of law, current or past employer to furnish company and or their assigned agents, associates or consumer reporting agencies with any or all information concerning me. I further agree to release ABA4U and or their assigned agents, associates or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research. I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

The above is understood and agreed by:

Signature

Print Name

Date



Driver History Form

Applicant Personal Information

Name (Please Print): _____

Other Names Previously Used: _____

Gender: Male _____ Female _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Company Information

Office Location: _____

Driver's License Information

Number: _____

State the License was Issued: _____

License Expiration Date: _____



Please answer the following questions:

1. If you have held a license in any other state during the past 36 months, please provide the following information:

License # _____ State: _____

Issue Date: _____ Expiration Date: _____

License # _____ State: _____

Issue Date: _____ Expiration Date: _____

2. Have you been convicted of driving while impaired or under the influence of alcohol and/or drugs within the past three years? Yes or No. If yes, please explain with dates.

3. Have you refused to submit to a Blood Alcohol Content (BAC) test within the past three years? Yes or No. If yes, please explain with dates.

4. Have you been convicted of reckless driving, or leaving the scene of an accident, or committing a felony involving a vehicle? Yes or No. If yes, please explain with dates.

5. Have you had your driver's license suspended, revoked or administratively restricted within the past three years? Yes or No. If yes, please explain with dates.



6. Have you been convicted or found at fault for any nonfatal accidents involving a motor vehicle during the past three years? Yes or No. If yes, please explain with dates.

7. Have you been convicted or found at fault for any fatal accidents involving a motor vehicle? Yes or No. If yes, please explain with dates.

8. Have you been convicted of any other motor vehicle violations during the past three years? Yes or No. If yes, please explain with dates.

I certify that the answers provided to the questions on the form are true.

I authorize _____ or its designated representative (s) to obtain information regarding my driving record in any state at any time while I am employed by (or seeking employment with) the company.

I understand that any misstatement of the facts on this form may be grounds for termination of employment.

In the event that my Motor Vehicle Record indicates that I am a “high risk” driver as defined by _____ Policy.

I understand that I may be subject to immediate termination or an offer of employment may be rescinded.

Driver’s Signature: _____ Date: _____

Representative: _____ Date: _____



Applicant's Certification and Agreement:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize ABA 4U, LLC to verify their accuracy and to obtain reference information on my work performance. I hereby release ABA 4U, LLC from any/ all liability of whatever kind of nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of ABA 4U, LLC. However, I further understand that neither the policies, rules, and regulations of employment or anything said during the interview process shall be deemed to constitute the term of an implied employment contract. I understand that any employment offered is on a three-month introductory period and at will that ABA 4U, LLC or I may terminate my employment at any time with or without notice or cause.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____