

# Tri-State Learning Center, Inc.

## TLC

### Application for Employment

1. Position applying for  Junior Therapists  Senior Behavioral Therapists  Case Supervisor  Other: \_\_\_\_\_

*All candidates applying for therapists, please complete Supplementary Experience Form A*

2. Social Security No. \_\_\_\_\_  
*Social security number may be required on other forms prior to employment.)*

3. Full legal name \_\_\_\_\_  
Last First Middle

5. Home Phone ( ) \_\_\_\_\_

4. Address \_\_\_\_\_  
City State Zip

6. Business /Cell Phone ( ) \_\_\_\_\_

7. E-mail Address \_\_\_\_\_

8. Do you have a driver's license?  Yes  No State: \_\_\_\_\_ Number: \_\_\_\_\_

#### 9. EDUCATION

a. Check highest level completed  High school  College  Graduate  Post Graduate

b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_

c. Have you completed at least 6 credits in early childhood education?  Yes  No

d. Name and Location of Institution	Hours	Degree Received	Major or Specialty	Dates Attended
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1. _____				
2. _____				
3. _____				

e. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_  
\_\_\_\_\_

10. **EMPLOYMENT EXPERIENCE** — *Use Supplementary Experience Form(s) for additional space.* Starting with the most recent, describe ALL relevant, military and applicable voluntary experience within the last seven years. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for the position in which you are applying. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time      Part-time      Hours/week      Your name if different from present \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time      Part-time      Hours/week      Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time    Part-time    Hours/week    Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements, professional competence, and Membership in Professional associations along with expiration dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Automated word processing (specify equipment) \_\_\_\_\_

Typing speed \_\_\_\_\_ words per minute.      Shorthand speed \_\_\_\_\_ words per minute

f. License, certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS WORKED REALTED INFORMATION**

- a. Check sessions available to work:     Day (9:00-5:00)     Early Evening (5:00 – 7:00)     Weekends  
 (Specify shifts)
- b. Position your are applying for:     Full-time     Part-time (specify)     Permanent     Temporary     Summer
- c. Please indicate:     Salaried desired \$ \_\_\_\_\_ annually     Hourly desired \$ \_\_\_\_\_ Per/hour
- d. Are you willing to accept employment which requires you to travel more than 45 minutes from your home?     No     Yes.
- e. List the geographic locations in which you are willing to work. [ ] Westchester County [ ] NYC [ ] Putnam County [ ]Western Connecticut  
 [ ] Bronx [ ] Queens [ ] New Jersey [ ] Long Island [ ] Other (please specify)
- f. Do you speak or read any language other than English?  Yes     No

Language	Level of Fluency
1.	
2.	

13. **SECURITY INFORMATION ( Part I)**

Please provide accurate and complete information in response to the following questions. This information will be used and taken into consideration for the final employment process. You must include felony and misdemeanor information and convictions or guilty pleas for traffic violations involving drugs or alcohol but do not include arrest without conviction, convictions for minor traffic offenses or convictions or incarcerations for which a record has been Sealed or expunged. Please note that a criminal record **will not** necessarily disqualify you for employment.

a. In the last seven years, have you been convicted of or pleaded guilty to a crime or other offense? Include military service convictions and/or guilty pleas.

Yes  No If YES, please provide the following:

Description of offense:

Statute or ordinance(if known ):    Date of Charge:    Date of Conviction

County, City, State of Conviction:

(For additional convictions use plain paper. Include all information listed above.)

b. Are you currently on parole, probation, work release program, conditional release, or weekend sentence as a result of a conviction or guilty plea?

Yes  No If YES, please provide the following:

Description of offense:

Statute or ordinance(if known ):    Date of Charge:    Date of Conviction

County, City, State of Conviction:

(For additional convictions use plain paper. Include all information listed above.)

c. In the last seven years, have you been confined as a result of a sentence of a military court or similar proceeding?

Yes  No If YES, please provide the following:

Description of offense:

Statute or ordinance(if known ):                      Date of Charge:    Date of Conviction

County, City, State of Conviction:

(For additional convictions use plain paper. Include all information listed above.)

d. Please list any rehabilitative efforts undertaken while in prison of following release (i.e. education, employment, counseling, etc.)

e. Please list any other information that you believe is pertinent to our full understanding of this matter.

**14. SECURITY INFORMATION ( Part II)**

a. Are you presently under indictment or are you currently a defendant in any criminal proceeding?     Yes                       No

If you answered yes, please provide the following information:

Please specify the date and place of the occurrence leading to the indictment or pending charge and the charge itself.

Where and when is the trial scheduled in connection with the indictment or pending charge?

b. Has a child abuse report or is there a current child abuse investigation pending regarding your actions?     Yes     No

If you answered yes, please provide the following information:

Please specify the date and place of the occurrence leading to the investigation.

**15. EMERGENCY INFORMATION**

Name:

Relationship:

Address:

Home Telephone Number (    )

City:

State:

Zip Code:

(

16. Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position?  Yes  No If YES, please explain:

I hereby certify that all statements made in this application are true and complete. I also understand that any falsification or misrepresentation of this information will disqualify my application from further consideration for employment. Further, if I am an employee of Tri-State Learning Center, Inc. this falsification will be deemed grounds for my immediate termination from employment.

I agree to have any of the statements made herein verified for accuracy by Tri-State Learning Center, Inc. unless I have indicated to the contrary. I agree that if I am employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that if employed, that my employment is "at will," that I may resign at any time and Tri-State Learning Center, Inc. may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing nature of the employment relationship unless specifically acknowledged in writing by the Clinical Director or Tri-State Learning Center, Inc.

Date Completed \_\_\_\_\_ / \_\_\_\_\_ / 200\_

Applicant's Signature \_\_\_\_\_

### Supplementary Experience Form A

In ongoing effort to identify the most qualified applicant for the positions available, please complete the following and check all those that may apply. TLC, Inc. collect responses to the questions below for record keeping purposes. This information will be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability. TLC is an Equal Opportunity Employer Candidates for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Check the block for the areas of experience that best indicates your applied, experimental and therapeutic experience in which you identify. By checking a box below, you are specifying competence in the ABA skill or concept area. If you are familiar with the concept area, but do not feel competent in the application of the principle, please leave the box blank.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Discrete Trials                    | <input type="checkbox"/> Expanding Trials                      | <input type="checkbox"/> Utilization of Establishing operations |
| <input type="checkbox"/> Inter-trial Interval (ITI)         | <input type="checkbox"/> Application of reinforcement          | <input type="checkbox"/> Reinforcement Assessments              |
| <input type="checkbox"/> Prompting and levels               | <input type="checkbox"/> Over-correction                       | <input type="checkbox"/> Treatment designs                      |
| <input type="checkbox"/> Anecdotal data collection          | <input type="checkbox"/> Extinction                            | <input type="checkbox"/> Generalization                         |
| <input type="checkbox"/> Fading                             | <input type="checkbox"/> Response Cost                         | <input type="checkbox"/> Behavioral data collection             |
| <input type="checkbox"/> Behavioral Shaping                 | <input type="checkbox"/> Differential Reinforcement Procedures | <input type="checkbox"/> Functional Assessments                 |
| <input type="checkbox"/> Behavioral Response Chaining       | <input type="checkbox"/> Time-out                              | <input type="checkbox"/> Contingency contracting                |
| <input type="checkbox"/> Discrimination Training procedures | <input type="checkbox"/> Non-contingent reinforcement          | <input type="checkbox"/> Token Economy                          |
| <input type="checkbox"/> Graphic data displays              | <input type="checkbox"/> Stimulus control                      | <input type="checkbox"/> Data Probes                            |
| <input type="checkbox"/> Schedules of reinforcement         | <input type="checkbox"/> Assessment/data probes                | <input type="checkbox"/> Procedures for baselining              |
| <input type="checkbox"/> Matching laws                      | <input type="checkbox"/> Inter-observer agreement              | <input type="checkbox"/> Validity and reliability               |

### Employer's Information (Optional)

How did you find out about this employment opportunity?

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Newspaper*            | <input type="checkbox"/> State RECRUIT system  | <input type="checkbox"/> Friend                   | <input type="checkbox"/> Web                    |
| <input type="checkbox"/> Parent                | <input type="checkbox"/> Agency Bulletin Board | <input type="checkbox"/> School (Please indicate) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Parent Advocate       | <input type="checkbox"/> Psychologist             | <input type="checkbox"/> Other (please specify) |

\_\_\_\_\_  
\*specify name of newspaper or other media

I hereby certify that all statements made in this application are true and complete. I also understand that any falsification or misrepresentation of this information will disqualify my application from further consideration for employment. Further, if I am an employee of Tri-State Learning Center, Inc. this falsification will be deemed grounds for my immediate termination from employment.

Date Completed \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_

**Applicant's Signature** \_\_\_\_\_

Supplementary Experience Form B

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Name \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
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Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
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Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
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Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
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Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

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Address \_\_\_\_\_  
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Type of business \_\_\_\_\_  
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Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_