

## Application for Employment: Behavior Technician

Please return to psy-ace@wmich.edu

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**Effective date: 09/01/2016**

### Application: Behavior Technician

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Citizenship/Visa \_\_\_\_\_

Education (select one)

High School Diploma

Some College

Major(s)/Minor(s) \_\_\_\_\_

• GPA \_\_\_\_\_

Bachelor's Degree

• Major(s)/Minor(s) \_\_\_\_\_

• GPA \_\_\_\_\_

Some Graduate School

• Concentration \_\_\_\_\_

• Degree received \_\_\_\_\_

• GPA \_\_\_\_\_

**Please answer the following:**

Have you ever worked with individuals with developmental disabilities? If so, describe.

Have you ever worked with children? If so, describe.

What is your experience with Applied Behavior Analysis (ABA)?

What are your strengths as an employee?

What are your long-term career goals?

### **Employment History**

*List all employers beginning with most recent*

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Location (City/State) \_\_\_\_\_  
Dates of Work \_\_\_\_\_  
Supervisor Name & Phone \_\_\_\_\_

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Location (City/State) \_\_\_\_\_  
Dates of Work \_\_\_\_\_  
Supervisor Name & Phone \_\_\_\_\_

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Location (City/State) \_\_\_\_\_  
Dates of Work \_\_\_\_\_  
Supervisor Name & Phone \_\_\_\_\_

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Location (City/State) \_\_\_\_\_  
Dates of Work \_\_\_\_\_  
Supervisor Name & Phone \_\_\_\_\_

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Location (City/State) \_\_\_\_\_  
Dates of Work \_\_\_\_\_  
Supervisor Name & Phone \_\_\_\_\_

### **References**

*Please list 3 professional references*

Reference Name \_\_\_\_\_  
Reference Position (Title and Employer) \_\_\_\_\_  
Location (City/State) \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

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Reference Position (Title and Employer) \_\_\_\_\_  
Location (City/State) \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

### Work Availability

*Please 'x' all times you ARE available*

Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7:00-7:30am							
7:30-8:00am							
8:00-8:30am							
8:30-9:00am							
9:00-9:30am							
9:30-10:00am							
10:00-10:30am							
10:30-11:00am							
11:00-11:30am							
11:30-12:00pm							
12:00-12:30pm							
12:30-1:00pm							
1:00-1:30pm							
1:30-2:00pm							
2:00-2:30pm							
2:30-3:00pm							
3:00-3:30pm							
3:30-4:00pm							
4:00-4:30pm							
4:30-5:00pm							
5:00-5:30pm							
5:30-6:00pm							
6:00-6:30pm							
6:30-7:00pm							

How many hours/week are you available to work? Select

When can you start?

I understand that if employed, any false statement on this application may result in my dismissal. You are hereby authorized to make any investigation of my personal history through state agencies and personal references. I, the undersigned, have read the entire application and have carefully considered the objectives of the Kalamazoo Autism Center. With full understanding of the terms, I agree to willingly abide by the standards, rules, and regulations of Western Michigan University and the Kalamazoo Autism Center.

Signed \_\_\_\_\_ Date \_\_\_\_\_