

Application for Employment: Behavior Technician

Please return to psy-ace@wmich.edu

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 _____

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

Reference Name _____
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 _____