



Open Door Living Association, Inc.  
 Employee/Contractor Application  
 (Fax) 586-944-2731  
 Email: Admin@opendooramilies.com

APPLICANT INFORMATION					
Last Name		First Name		M.I.	
Address				Apartment/Unit#	
City		State		Zip	
Email address:			Phone		Date of Birth: ___/___/___
Social Security No.			Position Applied for		
Are you a citizen of the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the U.S?	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted for a felony?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain	
AVAILABILITY: M T W T H F S			TIME:		Date available
EDUCATION					
High school			Address		
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Degree	
College			Address		
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Degree	
Other			Address		
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Degree	
PREVIOUS EMPLOYMENT					
Company			Address		
Job Title			Supervisor		
Phone		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
Did you work with children? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes? Age Range:					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Address		
Job Title			Supervisor		
Phone		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
Did you work with children? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes? Age Range:					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Address		
Job Title			Supervisor		
Phone		Strating Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
Did you work with children? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes? Age Range:					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

**CERTIFICATIONS RELEVANT TO APPLIED BEHAVIOR ANALYSIS (ABA)****(List dates completed and expiration dates if any)**

License/Certification	Type	Issue Date	Expiration Date

Are you currently enrolled in coursework to become an:

RBT? Yes  No BCaBA? Yes  No BCBA? Yes  No 

If yes when do you expect to finish? \_\_\_\_\_

Years of Experience of working with children with Developmental Disabilities? \_\_\_\_\_

Years of Experience of with ABA? \_\_\_\_\_

**Specific Trainings related to ages:**

Birth to 3 years \_\_\_\_\_

4-6 years \_\_\_\_\_

7-9 years \_\_\_\_\_

10-12 years \_\_\_\_\_

13-16 years \_\_\_\_\_

17-25 years \_\_\_\_\_

**TRANSPORTATION**Do you have a valid Driver's License? Yes  No  Automobile Insurance? Yes  No **DISCLAIMER AND SIGNATURE***I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information on my application or interview may result in my release.***Signature:****Date:**