



Verbal Behavior Consulting, Inc.

Employment Application

If you need help to fill out this application form or during any phase of the application, interview, or employment process, please notify the person who gave you this form and every reasonable effort will be made to accommodate your needs in a timely manner.

Personal Information

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

County of Residence: _____ Phone: _____

Email: _____ SSN: _____

General Information

Are you legally authorized to work in the United States and able to demonstrate this by providing appropriate documentation? Y/N

Will you now or in the future require sponsorship for employment visa status? Y/N

Do you have a driver's license? Y/N

Have you had any accidents during the past three years? Y/N How many? _____

DLN: _____

State of Issue: _____

Type: _____ Exp. Date _____

Have you had any moving violations during the past three years? Y/N How many? _____

Education

Type of School	Name of School	Location	Years Attended	Major & Degree
High School				
College				
Business or Trade School				
Professional School				

Position applied for: _____ Hourly rate desired: _____

Professional Information

How many hours can you work weekly: _____ Days/hours available: _____

Employment desired: ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL OR PART TIME

When are you available to start?

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: Address City, State, Zip Phone number Email address:	Name of last supervisor		
	May we contact?		
	Employment Dates:	From	To
	Pay or salary	Start	Final
Your last job title:			
Reason for leaving (be specific):			
List all jobs you held, duties performed skills used or learned, advancements or promotions while you worked at this company:			

Name of employer: Address City, State, Zip Phone number Email address:	Name of last supervisor		
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	Pay or salary	Start	Final
Your last job title:			
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Reason for leaving (be specific):			
List all jobs you held, duties performed skills used or learned, advancements or promotions while you worked at this company:			

Certification

Are you CPR certified? Y/N Expiration date: _____

Are you insured? Y/N Type: _____

Professional license(s), Certifications, etc. (list all that apply):

Please provide copies of all applicable certifications.

References:

(Please provide 2 professional references and one personal reference)

Name: _____ Title/Company: _____

Phone: _____ Email: _____

Address: _____

Relationship: _____

Name: _____ Title/Company: _____

Phone: _____ Email: _____

Address: _____

Relationship: _____

Name: _____ Title/Company: _____

Phone: _____ Email: _____

Address: _____

Relationship: _____

Have you ever been a member of the Armed Forces? Y/N

Are you now a member of the National Guard? Y/N

Specialty

Date Entered

Discharge Date

Did you complete this application yourself? Y/N

If not, who did? _____

Have you been given a job description or had the essential requirements of the job explained to you? Y/N

Do you understand these requirements? Y/N

Can you perform the essential requirements of this job with or without reasonable accommodation? Y/N

Verbal Behavior Consulting, Inc conducts criminal background checks on all employees.

Have you ever been charged with a misdemeanor, felony, or any criminal offense, including offenses related to healthcare involving neglect, violence, theft, dishonesty, or financial misconduct? Y/N

Have you ever been found guilty (convicted) of a misdemeanor, felony, or any criminal offense? Y/N

Have you ever been listed on any abuse registries? Y/N

If you answered yes to any of the above questions, please explain: *(A conviction does not automatically mean you cannot become an employee. The convicted offense and how long ago are important. Please provide all the facts so a decision can be made.)*

This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this form and for your interest in our business.

Disclaimer and Signature

I certify that many answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant

Date

*****PLEASE READ CAREFULLY*****

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Verbal Behavior Consulting, Inc. (hereinafter referred to as “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Firm practices, shall serve to create an actual or implied contract of employment. **I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Company is of an “at will” nature, which means that the Employee may resign at any time and the Company may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Company’s President.**

I certify that the answers I provide in the Employment Application documents are true and complete to the best of my knowledge. I authorize investigation of all statements contained in my application for employment as may be necessary in arriving at an employment decision. I hereby give the Company permission to contact schools, previous employers (unless otherwise noted), references, and others, and hereby release the Company from any liability as a result of such. This application for employment shall be considered active for a period not to exceed 90 days.

In the event of employment, I understand that false or misleading information given by me in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company as indicated in the Employee Handbook or contained in a document which has been made available to me.

Signature of Applicant

Date

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize **VERBAL BEHAVIOR CONSULTING INC** its staff, its affiliates, and its agents to request information from, and consult with, former employees, educational institutions, local, state, and federal law enforcement agencies, and individuals with whom I have associated AND others who may have information regarding my work history, character and qualifications, and any and all other source deemed appropriate by **VERBAL BEHAVIOR CONSULTING INC**.

I hereby release **VERBAL BEHAVIOR CONSULTING INC** its staff, its affiliates and agents from any and all liability for their acts performed in the investigation, consideration, and evaluation of my credentials and qualifications, and further release from any liability all individuals and organizations who provide information concerning my competence, character, other qualifications, and other applicable background information for my employment consideration.

I understand that nothing in this authorization or in the employment application is intended to create a promise of employment or any contractual rights. I further understand that any misrepresentation of facts and falsification regarding my employment history, academic attainments, or qualifications, or other background information may disqualify me from further consideration as a candidate for employment with **VERBAL BEHAVIOR CONSULTING INC** and, if employed, shall be grounds for dismissal.

I am willing that a photocopy of facsimile transmittal of this authorization be accepted with the same authority as the original, and I specifically waive written notice of any information provided by a present or previous employer.

PLEASE PRINT

Name: _____ Social Security No: _____

Other Name(s) used by you _____

Do you authorize Verbal Behavior Consulting, Inc. to contact your previous Employer? Y/N

Signature: _____

Date: _____

For Personnel Use Only

Position Applied For: _____

Remarks: _____

EEO Candidate Voluntary Self-Identification

Verbal Behavior Consulting Inc believes that all persons are entitled to equal employment opportunities and we do not discriminate against our employees, applicants, or job seekers because of race, color, gender, religion, national origin, disability, veteran status, age, marital status, or any other protected group status as defined by federal laws.

In order to comply with these federal civil rights regulations, we invite you to voluntarily self-identify your race/ethnicity, gender, and veteran status. Please complete the information below, which includes the option to choose not to self-identify, and return as instructed as soon as possible. This information will be kept confidential and separate from the application for employment. Your submission of this information is entirely voluntary and refusal to provide it will not influence our screening or hiring decisions.

Name: _____ Date: _____

Position Applied For: _____

Referral Source: Internal (Current Employee) vbcaba.com
 Friend Relative
 Employment Agency Other: _____ (please specify)

I do not wish to complete the information requested below.

Gender:

- Female
- Male

Race/Ethnicity:

- Hispanic/Latino
- Black/African American
- White
- American Indian/Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Two or More Races (Not Hispanic or Latino)

Veteran Status:

- I identify as one or more of the classifications of protected veteran listed below.
- I am not a Protected Veteran.
- I choose not to provide this information.

Definitions:

Qualified Disabled Veteran – a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.

Recently Separated Veteran – any Veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

Active Duty Wartime or Campaign Badge Veterans - a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces Service Medal – any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive

Order 12985.

Veteran of the Vietnam Era – person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between 2/28/61, and 5/7/75, or between 8/5/64 and 5/7/75 in all other cases.

Race/Ethnic Definitions:

- Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Black/African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian/Alaskan Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (not Hispanic or Latino): A person who identifies with two or more race categories named above.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.