



APPLICATION FOR EMPLOYMENT

Applicant Information

Last Name (as it appears on your social security card)	First Name	Middle Initial
Home Street Address	Phone Number	
City	State	Zip Code
Email Address	Date of Application	
Position Applying For: <input type="checkbox"/> RBT <input type="checkbox"/> Behavior Therapist <input type="checkbox"/> OT <input type="checkbox"/> COTA <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> SLP-Assistant <input type="checkbox"/> Billing Specialist <input type="checkbox"/> Office Support <input type="checkbox"/> Other		
How did you hear about the position for which you are applying?		
Check the following options you would consider: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Date Available for Work:	
Specify hours and days you are available:		
Have you had a criminal background screening completed within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(An approved background screening is required for employment at PediaPlex Management Company, LLC.)</small>		
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at PediaPlex Management Company, LLC. (e.g., non-compete, non-solicitation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain and provide a copy		

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental and/or intellectual disability, age, military status, veteran status (including protected veterans), marital status, registered domestic partner or civil union status, familial status, gender (including sex stereotyping and gender identity or expressions), medical condition (including, but not limited to, cancer related or HIV/AIDS), genetic information, sexual orientation, or any other protected status.



Education & Training

	School Name	City and State	Degree/Diploma Major Course of Study		Degree Received?	
High School					<input type="checkbox"/> Yes	<input type="checkbox"/> No
College					<input type="checkbox"/> Yes	<input type="checkbox"/> No
College					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Graduate School					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional License/Certification #	Professional License/Certification Type		Issuing Agency	State Issued	Expiration Date	
List any equipment or software programs on which you are qualified and experienced in operating:						
List any languages that you speak fluently:						
Can you, after employment agreement, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 16 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been previously employed by PediaPlex Management company, LLC.? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes , give dates: From: (month/year) To: (month/year)			
Will you abide by the safety rules of this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have relatives currently working at PediaPlex Management Company, LLC.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, found guilty of, plead guilty to, had adjudication withheld or plead no contest to a felony or misdemeanor?*			If Yes , please explain:			

*Criminal History

Please note that any one answer will not necessarily disqualify you from consideration. A conviction will not necessarily bar you from employment but will only be considered in relation to specific job requirements. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.



Employment History

Please list your current or most recent employer first and indicate whether you are currently employed. All information is required and will be verified. PediaPlex LLC will not contact your employer without permission. You may also include any volunteer and/or military work.

CURRENT/MOST RECENT JOB	Name of Employer		Type of Business		
	Address		City	State	Zip code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name		Supervisor Phone Number		Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)	Last Salary/Hourly Rate (Required) \$
	Brief Description of Duties			Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name		Supervisor Phone Number		Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)	Last Salary/Hourly Rate (Required) \$
	Brief Description of Duties			Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name		Supervisor Phone Number		Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)	Last Salary/Hourly Rate (Required) \$
	Brief Description of Duties			Reason for Leaving	



PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name	Supervisor Phone Number	Human Resource/Payroll Phone Number		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary/Hourly Rate (Required) \$	
	Brief Description of Duties		Reason for Leaving		

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	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name	Supervisor Phone Number	Human Resource/Payroll Phone Number		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary/Hourly Rate (Required) \$	
	Brief Description of Duties		Reason for Leaving		

Business References (List three individuals, in addition to listed employment references, known to you for at least three years.)

Name	Occupation/Association	Telephone	Email Address
1.			
2.			
3.			



Agreement (Please read the following statements carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give PediaPlex Management Company, LLC (PediaPlex, LLC.). Any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and PediaPlex LLC., from liability for any damage that may result from furnishing same to PediaPlex.

If employed by PediaPlex, LLC, I agree to abide by the policies and procedures of PediaPlex, LLC, which include the anti-harassment policy and all other policies within the employee handbook. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of PediaPlex, LLC or myself.

DRUG TESTING: I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I also understand that if I test positive for the presence of drugs or alcohol, I will be ineligible for employment with the company.

CRIMINAL BACKGROUND SCREENING: I understand and agree that, subject to applicable law, I may be required to submit my fingerprints for a criminal background screening including a sex offender registry screening. I also understand that the results of such screening will be reviewed and if found to be unacceptable for the job position and/or responsibilities, I will be ineligible for employment with the company.

Sign and Date the Form

Applicant's Signature	Date Signed (mm/dd/yyyy)
Print Full Name	Last 4 Digits of Social Security No.