



7120 Hayvenhurst Ave., Suite 322
 Van Nuys, CA 91406
 Phone: 800-930-5773
 Fax: 800-930-7957
 Website: www.dpica.com

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE			
APPLICANTS MUST HAVE BACKGROUND/FINGERPRINT CHECK			
Date:	Date of Birth:		
Name:			
Last	First	Middle	Maiden
Present Address:			
Number	Street	City	State Zip
Telephone:		Social Security Number:	
Position Applied For:		Salary/Pay Desired:	
Email address:			

DAYS/HOURS AVAILABLE FOR WORK (NEEDS TO REFLECT SUBMITTED AVAILABILITY FORM)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 8am-8:30pm	<input type="checkbox"/> 8am-8:30pm	<input type="checkbox"/> 8am-8:30pm	<input type="checkbox"/> 8am-8:30pm	<input type="checkbox"/> 8am-8:30pm	<input type="checkbox"/> 8am-8:30pm	<input type="checkbox"/> 8am-8:30pm
<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm
<input type="checkbox"/> 12pm-3pm	<input type="checkbox"/> 12pm-3pm	<input type="checkbox"/> 12pm-3pm	<input type="checkbox"/> 12pm-3pm	<input type="checkbox"/> 12pm-3pm	<input type="checkbox"/> 12pm-3pm	<input type="checkbox"/> 12pm-3pm
<input type="checkbox"/> 3pm-8:30pm	<input type="checkbox"/> 3pm-8:30pm	<input type="checkbox"/> 3pm-8:30pm	<input type="checkbox"/> 3pm-8:30pm	<input type="checkbox"/> 3pm-8:30pm	<input type="checkbox"/> 3pm-8:30pm	<input type="checkbox"/> 3pm-8:30pm
Other:	Other:	Other:	Other:	Other:	Other:	Other:

Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide Auto Insurance Information: Insurance Company: _____ Policy No. _____ Policy Effective Date: _____ Policy Expiration Date: _____
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number: _____ Expiration Date: _____	How many hours do you desire to work weekly?
Employment Desired: <input type="checkbox"/> Part-time only Up to 40 hours may be available based on the applicant's and client's availability.	
Any pre-planned vacation time off? Please provide specific dates.	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available to start
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you allergic to any animals?



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If yes, please explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offenses(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete address)	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Professional School				

WORK EXPERIENCE

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

JOB ONE

Name of Employer:	Name of Supervisor:	Employment Dates From: To:
Complete Address:		
Last Job Title:	Phone Number:	
Reason for Leaving (be specific):		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No – Please provide reason for not contacting:		



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Please check each box that applies to your skills used and/or learned, and is applicable to your job duties:

<ul style="list-style-type: none"> <input type="radio"/> Worked with an individual(s) on the autism spectrum <input type="radio"/> Worked with children within the ages of 2-17 <input type="radio"/> Worked with young adults within the ages of 18-25 <input type="radio"/> RBT certified <input type="radio"/> CPI/QBS certified <input type="radio"/> Languages _____ 	<ul style="list-style-type: none"> <input type="radio"/> CPR certified <input type="radio"/> DTT <input type="radio"/> NET <input type="radio"/> Social skills experience <input type="radio"/> Was assigned to a client with aggression <input type="radio"/> Extra roles such as: report writing, data input, assessment assistance, and other supervision responsibilities
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JOB TWO

Name of Employer:	Name of Supervisor:	Employment Dates
		From:
		To:

Complete Address:

Last Job Title: _____ **Phone Number:** _____

Reason for Leaving (be specific):

May we contact this employer? Yes No – Please provide reason for not contacting:

Please check each box that applies to your skills used and/or learned, and is applicable to your job duties:

<ul style="list-style-type: none"> <input type="radio"/> Worked with an individual(s) on the autism spectrum <input type="radio"/> Worked with children within the ages of 2-17 <input type="radio"/> Worked with young adults within the ages of 18-25 <input type="radio"/> RBT certified <input type="radio"/> CPI/QBS certified 	<ul style="list-style-type: none"> <input type="radio"/> CPR certified <input type="radio"/> DTT <input type="radio"/> NET <input type="radio"/> Social skills experience <input type="radio"/> Was assigned to a client with aggression <input type="radio"/> Extra roles such as: report writing, data input, assessment assistance, and other supervision responsibilities
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PROFESSIONAL REFERENCES

Please list two professional references other than relatives or previous employers

REFERENCE ONE

Name of Reference:	Company/Position:	Phone Number:	Email:
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REFERENCE TWO

Name of Reference:	Company/Position:	Phone Number:	Email:
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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Developmental Pathways Inc. here in after called "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 Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Developmental Pathways Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Human Resources Department of the Company. Both the undersigned and Developmental Pathways Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a background/fingerprint policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Printed Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

This Company is an equal employment 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 application form and for your interest in our business.



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EMPLOYEE AVAILABILITY FORM

You would need to make every effort to keep your initial availability consistent, so that we can provide our clients with the best possible staffing experience. Your availability will be considered when scheduling makes changes, and they are expected to be available during the times they have submitted as open.

You would be required to submit an updated availability change **FORM 30 DAYS IN ADVANCE OF ANY CHANGE START DATE**. All availability changes are subject to the Office Manager/Clinical Director approval. You should not assume change requests will be granted until they have heard back from the scheduling department regarding this request. **New hires would need to keep their availability for the first 90 days of employment.**

Employee Name: _____ Availability Start Date: _____

Specify mileage you can commute: _____ (minimum 20-mile radius is required)

IT IS REQUIRED THAT APPLICANTS BE AVAILABLE FOR AT LEAST 4 WEEKDAYS OR 3 WEEKDAYS AND 1 WEEKEND BETWEEN 3-8:30PM				
Please indicate what your available work hours are per day.				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
YOU MAY BE ASSIGNED TO THE FOLLOWING BLOCK SCHEDULES DEPENDING ON CLIENT NEED.				
Monday - Friday	8am-8:30pm	9am-12pm	12pm-3pm	3pm-5pm
	3pm-6p	6pm-8pm	6:30pm-8:30pm	
Saturday or Sunday	9am-12pm	12pm-3pm	3pm-6pm	

Employee Signature: _____



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