ADAMS
BEHAVIORAL CONSULTING LLC

Employment Application

Registered Behavior Technician (RBT)

110 Harmony Crossing, Eatonton, GA 31024
404-808-7246

Thank you for your interest in joining Adams Behavioral Consulting. Please complete every section that applies to you. This form can be filled in on screen; save a copy when you are finished and email it to Tiffany Marsh at the address below.

Submit to: Tiffany Marsh · tiffanymarsh@adamsbehaviorconsulting.net

01 POSITION

Availability ◯ Full-time ◯ Part-time ◯ Either

Preferred schedule ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends

DESIRED START DATE

COUNTIES / AREAS WILLING TO SERVE

02 PERSONAL INFORMATION

FULL LEGAL NAME

DATE

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Are you 18 years of age or older? ◯ Yes ◯ No

Do you have reliable transportation and a valid driver's license? ◯ Yes ◯ No

Are you legally authorized to work in the United States? ◯ Yes ◯ No

03 EDUCATION

HIGH SCHOOL / GED — NAME OF SCHOOL

YEAR GRADUATED

College (if applicable)

DEGREE (E.G., B.S., M.ED.)

MAJOR / FIELD OF STUDY

COLLEGE / UNIVERSITY

YEAR

DEGREE (E.G., B.S., M.ED.)

MAJOR / FIELD OF STUDY

COLLEGE / UNIVERSITY

YEAR

04 RBT CERTIFICATION

Are you a currently certified Registered Behavior Technician (RBT)? ◯ Yes ◯ No

RBT CERTIFICATION NUMBER

CERTIFICATION DATE

EXPIRATION DATE

If not yet certified, have you completed the 40-hour RBT training? ◯ Yes ◯ No ◯ In progress

Are you willing to complete RBT training and certification if hired? ◯ Yes ◯ No

Do you hold current CPR / First Aid certification? ◯ Yes ◯ No

OTHER CERTIFICATIONS OR TRAINING

05 PROFESSIONAL EXPERIENCE

List your most recent relevant positions first, including your role, the organization and dates of employment. Attach additional pages if necessary.

Position 1

ROLE / JOB TITLE

ORGANIZATION

START DATE

END DATE

SUPERVISOR & PHONE

KEY RESPONSIBILITIES AND DUTIES

Position 2

ROLE / JOB TITLE

ORGANIZATION

START DATE

END DATE

SUPERVISOR & PHONE

KEY RESPONSIBILITIES AND DUTIES

Position 3

ROLE / JOB TITLE

ORGANIZATION

START DATE

END DATE

SUPERVISOR & PHONE

KEY RESPONSIBILITIES AND DUTIES

06 SKILLS & QUALIFICATIONS

Check each statement that applies to you.

- [ ] Strong understanding of Applied Behavior Analysis (ABA) principles
- [ ] Excellent communication and interpersonal skills
- [ ] Experience working with individuals with autism or related developmental disabilities
- [ ] Able to follow behavior intervention plans as written
- [ ] Able to collect session data accurately and complete session notes on time
- [ ] Comfortable providing services in homes, schools, and community settings
- [ ] Open to regular supervision and feedback from a BCBA
- [ ] Committed to obtaining / maintaining RBT certification

OTHER RELEVANT SKILLS (LANGUAGES SPOKEN, SOFTWARE, POPULATIONS SERVED)

07 PROFESSIONAL REFERENCES

Please provide at least three professional references who can speak to your qualifications and work experience.

REFERENCE 1 — NAME	RELATIONSHIP	PHONE	EMAIL

REFERENCE 2 — NAME	RELATIONSHIP	PHONE	EMAIL

REFERENCE 3 — NAME	RELATIONSHIP	PHONE	EMAIL

08 ADDITIONAL INFORMATION

Use this space for any additional information you believe is relevant to your application.

ADDITIONAL INFORMATION

09 APPLICANT CERTIFICATION

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false or omitted information may disqualify me from employment or result in dismissal, and I authorize Adams Behavioral Consulting LLC to verify the information provided, including credentials and references.

☐ I have read and agree to the statement above.

SIGNATURE (TYPE FULL NAME)	DATE