

|  | **EMPLOYMENT APPLICATION**  Early Intervention Agency  1854 Hylan Blvd, 2 Floor, Staten Island, NY, 10305  intellectualgiftinc@gmail.com; Tel: 917-553-0424 |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | |
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| Last Name | |  | | | | | | First |  | | | | | | | | | M.I. | | | Date | |  | |
| Street Address | | |  | | | | | | | | | | | | | | | Apartment/Unit # | | | | |  | |
| City |  | | | | | | | State |  | | | | | | | | | ZIP |  | | | | | |
| Phone |  | | | | | | | E-mail Address | | | |  | | | | | | | | | | | | |
| Date Available | | |  | | | Social Security No. | | |  | | | | | | |  | | | | |  | | | |
| Position Applied for | | | | PT\_\_\_\_ OT\_\_\_\_\_ SLP\_\_\_\_\_ COTA\_\_\_\_\_ LMSW\_\_\_\_\_ LCSW\_\_\_\_\_ SI\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | YES ☐ | | NO ☐ | | If not, are you authorized to work in the U.S.? | | | | | | | | | | | | | YES ☐ | | NO ☐ |
| Have you ever been convicted of a felony? | | | | | YES ☐ | | NO ☐ | | If yes, explain | | | |  | | | | | | | | | | | |
| ABA Experience: YES\_\_\_\_\_ NO\_\_\_\_\_ | | | | | | | | | | DOH Approval YES\_\_\_\_\_ NO\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| License # | | | | | | | | | | License Expiration Date: | | | | | | | | | | | | | | |
| Certificate # | | | | | | | | | | NPI# | | | | | | | | | | | | | | |
| Credentials/Level of Education: | | | | | | | | | | Date when started working in EI Program: | | | | | | | | | | | | | | |
| Languages: | | | | | | | | | | Employed by NYC Department of Education(date): | | | | | | | | | | | | | | |
| Desired number of cases (monthly): | | | | | | | | | | Evaluations/month (if applicable): | | | | | | | | | | | | | | |
| Coverage Area: Neighborhoods: Zip Codes: | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Brooklyn: | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Staten Island: | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Bronx: | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Queens: | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Manhattan: | | | | | | | | | | | | | | | | | | | | | | | | |
| Discipline | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ PT ☐ OT ☐ COTA ☐ SLP ☐ CFY ☐ TSHH/TSLD ☐ SI ☐ SW ☐ PSY ☐ OTHER | | | | | | | | | | | | | | | | | | | | | | | | |
| Check those applicable to your situation: ☐ Feeding ☐ ABA Certified | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list three professional references.* | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | Occupation | | | |  | | | | | | | | | |
| Address | |  | | | | | | | | | Phone | | |  | | | | | | | | | | |
| Full Name | |  | | | | | | | | | Occupation | | | |  | | | | | | | | | |
| Address | |  | | | | | | | | | Phone | | |  | | | | | | | | | | |
| Full Name | |  | | | | | | | | | Occupation | | | |  | | | | | | | | | |
| Address | |  | | | | | | | | | Phone | | |  | | | | | | | | | | |
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| 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 in my application or interview  may result in my release. I further give my permission for this agency to verify all schooling, references and licenses. | | | | | | | | | | | | | | | | | | | | | | | | |
| Interventionist Name | |  | | | | | | | | | | | | | | | Discipline | | |  | | | | |
| Credentials | |  | | | | | | | | | | | | | | | License # | | |  | | | | |
| Signature | |  | | | | | | | | | | | | | | | Date | | |  | | | | |