



1170 S. White Horse Pike
Hammonton, NJ 08037
609-569-3919 Ph. 908-751-7023 Ph. 609-939-3146 Fax 732-377-6975 Fax
Serving All 21 NJ Counties

Application

ABC THERAPY SERVICES, are committed to the promotion of equal opportunity for all persons employed, engaged, or seeking employment or engagement as an independent contractor, without regard to race, color, creed, national origin, sex, age or handicap. It shall be the policy of ABC THERAPY SERVICES, to provide equal opportunity to all applicants for employment and/or engagement as an independent contractor and to administer in accordance with that policy all personnel practices such as recruitment, selection, training, promotions, terminations, transfers, layoffs, compensation, benefits and other terms. ABC THERAPY SERVICES wishes to ensure the furtherance of the principles of equal employment opportunity by basing all personnel decisions, which affect independent contractors or employment applicants, on only valid and necessary criteria.

Date _____

Position _____

- Mentor
- Behavioral Assistant (Non-degree)
- Intensive In-community (B.A. / M.A.)
- Licensed Clinician
- Outpatient Therapist

Name (Last, First, MI) _____

SS # _____

D.O.B. _____

Home Address _____

City _____

State _____

Zip _____

Day Time Phone _____

Evening Phone _____

Email Address _____

How long have you lived at this address? _____

List last three previous addresses and dates:

Emergency Contact Person

Name _____ Phone _____ Relation _____

Availability (Check all that apply):



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Approximate Hours Per Week Requested _____ Days _____ Evenings _____ Weekends _____

Are you a citizen of the United States: Yes _____ No _____ Alien # _____

Do you possess a valid Driver's License: Yes _____ No _____

Do you currently have unrestricted use of an insured vehicle? Yes _____ No _____

DL # _____ State _____ Expiration date _____

Have you ever or do you currently have your DL suspended? Yes _____ No _____

Do you currently have any traffic violations points against you? Yes _____ No _____

Have you had any accidents in the last three years? Yes _____ No _____

If you answered "yes" to the above three questions please explain:

Education/Training

High School _____

College _____

Post Graduate _____

List Experience working/volunteering with children _____

Indicate hobbies, interest, activities, specific community resources, strong areas, and languages spoken

Work History

Please give complete history starting from the most recent employer or contractor including any part time or military experience.

Dates	Hrs/salary per week	Name/address/phone	Reason for term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You must inform ABC THERAPY SERVICES, of any other work related, full time, part time, or commitments that may interfere in you providing services to our youths.



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References
(List references below 2 professional and 1 personal)

Name	Address/Phone #	Relationship	Yrs. known
1.			
2.			
3.			

Criminal History Background

We are required to complete a criminal background check on an annual basis. The cost of these documents is borne by the Agency.

Have you ever received any such clearances	Yes _____	No _____
Have you ever been convicted of any of?		
Criminal offence	Yes _____	No _____
Criminal offence against children	Yes _____	No _____
Fraud	Yes _____	No _____
Narcotics Offence	Yes _____	No _____
Felony Offences	Yes _____	No _____
Are you currently on parole/probation	Yes _____	No _____

If you answered "yes" to any of the above questions please explain:

If I am retained as an independent contractor by ABC THERAPY SERVICES, I understand that it does not entitle me to any form of medical or other benefits. If I am retained as an employee, benefits will apply.

Applicant's Name Print _____

Applicant's Name Signature _____ Date _____

Staff Profile

1. Name: _____



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2. (Optional): Race: _____ Age: _____ Ethnicity: _____

3. Day time availability? _____ Weekend availability? _____

4. Current Job(s) _____ City where you work: _____

5. Degree/certificates (circle all that apply)
LPC, LCSW, LMFT, LCADC, CADC, LAC, LSW, MSW, MA, BA: _____

6. List all the Languages you can speak: _____

7. CIRCLE ALL THE COUNTIES THAT YOU ARE WILLING TO WORK IN:

SOUTH Camden, Gloucester, Salem, Cumberland, Atlantic, Cape May, Burlington, Ocean

CENTRAL Hunterdon, Somerset, Mercer, Middlesex, Monmouth

NORTH Sussex, Warren, Morris, Passaic, Bergen, Union, Essex, Hudson

Are there any cities/areas you do not want to work in?

8. What age range and gender do you prefer to work with? _____

9. Please circle the type of modalities you use in session or list any others that are not on this list:

ABA	DBT	Pet therapy	Anger Management
Art therapy	Expressive therapy	Play therapy	Stages of Change
Behavior modification	Motivational Interviewing	Psychoeducation	Solution Focused Brief Therapy
CBT	Music Therapy	Parent Education	TF-CBT
Coping/life skills	Nurtured Heart Approach	Relaxation techniques	ARC GROW

Other: _____

10. Please list any certificate/trainings you have: _____

11. Please circle if you have experience and would like to work with any of the following:

Anger management	Fetal alcohol syndrome	RAD/DAD	Substance Use
Court involved youths	Gang involved youths	Self injurious behaviors	Trauma
DD/ID	Grief	Sex education	Youth re-entering society
Eating disorders	LGBTQ	Sex specific therapy	Youth removed from parents
Family therapy	Parenting education	Special needs children	Other: _____

12. Please list anything else that may be useful in assigning youths/families to you.
