



First Steps Early Childhood Services, Inc.

1A Chelmsford Drive, Muttontown, NY 11545-3007

Phone: 516-626-0317 Fax: 516-626-3174

EMPLOYMENT APPLICATION

Name: _____ SS#: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

National Provider Identification Number: _____

Name of emergency contact: _____ Relationship: _____

Phone for emergency contact: _____

How did you hear about First Steps? _____

Profession: _____

Special Instruction: _____ Speech Pathology: _____ Occupational Therapy: _____

Physical Therapy: _____ Psychology: _____ Social Work: _____

Other: _____

Degree(s): _____

Academic Institution(s): Undergraduate _____

Post-graduate _____

Language(s) spoken other than English: _____

Do you do evaluations? Yes ___ No ___ Languages other than English: _____

Your current employment: _____

Other agencies you work for: _____

Do you have a NY State Dept. of Health Individual Provider Approval Letter? Yes ___ No ___

Have you taken the following Nassau County Trainings?

Best Practice – Early Intervention ___ Best Practice- CPSE ___ Transition ___

Do you currently hold \$1/\$3 million professional liability insurance? Yes ___ No ___

Child Abuse Prevention Training? Yes ___ No ___

ABA

Are you ABA trained? Yes ___ No ___ Are you a Team Leader? _____

Family Training? _____

Have you passed the Nassau or Suffolk ABA Competency Exams?: Level 1 ___ Level 2 ___

Can you perform an FBA and create a BIP? _____

SPEECH

Are you Prompt trained? _____ Prompt Certified? _____ PECS? _____ Feeding? _____

Certified Auditory-Verbal Therapist? _____ ASHA Certified Member?

Do you hold: TSHH? _____ TSLD? _____

Have you ever been convicted of a crime in any state or county? Yes ___ No ___

Yes ___ No ___ If yes, please explain: _____

OCCUPATIONAL THERAPY

Do you do Sensory? _____ NDT Trained? _____ Certified Yoga for Children? _____

PHYSICAL THERAPY

Are you a Pediatric Certified Specialist PT? _____ Certified Yoga for Children? _____

PROFESSIONAL MEMBERSHIPS:

RELATED PROFESSIONAL EXPERIENCE:

Please describe any educational, volunteer, travel, publications, community services, etc. about which you would like to report: _____

CANDIDATE'S STATEMENT:

To the best of my knowledge, all of the information in this application is true and accurate. I understand that taking (or providing proof that one has been taken within the last 12 months) and passing a physical examination is a prerequisite for employment. I will provide official proof of all certifications, licenses, Dept. of Health approvals and professional trainings as required.

Signature _____ Date: _____