



INSPIRE ABA

BCBA EMPLOYMENT APPLICATION

Center-Based Position • Antigo, Wisconsin

Please complete all applicable sections. Attach a current résumé and any requested credentials.

1. APPLICANT INFORMATION

Full Name: _____

Phone: _____

Email: _____

Address: _____

City / State / ZIP: _____

2. POSITION & AVAILABILITY

☐ Full-Time ☐ Part-Time ☐ Other: _____

Desired Start Date: _____

Desired Pay Range / Compensation Expectations: \$_____ per _____

Preferred Schedule / Availability: _____

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Are you available for center-based/in-person work in Antigo, WI? ☐ Yes ☐ No

3. BCBA CREDENTIALS

BCBA Certification Number: _____

Certification Date: _____

Wisconsin Professional License Number: _____

License Expiration Date: _____

☐ Current CPR Certification ☐ Current Safety/Crisis Certification ☐ Other: _____

Other relevant certifications or credentials: _____

4. EDUCATION

School / University	Degree	Field of Study	Year

5. PROFESSIONAL EXPERIENCE

Employer	Position	Dates	Population / Setting	Reason for Leaving

6. ABA / CLINICAL EXPERIENCE

Please briefly describe your experience with the following:

Functional behavior assessments (FBAs) and behavior intervention plans (BIPs):

Parent/caregiver training: _____

Staff training, supervision, and performance feedback: _____

Skill acquisition programming and treatment-plan development: _____

Data analysis, clinical documentation, and progress monitoring: _____

Experience with center-based ABA and/or interdisciplinary collaboration: _____

7. PROFESSIONAL REFERENCES

Name	Relationship / Title	Phone	Email

8. EMPLOYMENT-RELATED QUESTIONS

☐ I am legally authorized to work in the United States. ☐ Yes ☐ No

☐ I am willing to complete required background checks and employment screening. ☐ Yes ☐ No

☐ I can provide proof of required BCBA certification and Wisconsin licensure. ☐ Yes ☐ No

Is there anything about your availability or employment history we should know?

9. WHY INSPIRE ABA?

What interests you about joining Inspire ABA, and what strengths would you bring to our team?

10. APPLICANT ACKNOWLEDGEMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may affect consideration for employment. I authorize Inspire ABA to contact the professional references listed above and to verify information relevant to my application. Employment is subject to meeting applicable credentialing, licensing, screening, and organizational requirements.

Applicant Signature: _____

Date: _____

Inspire ABA • Antigo, Wisconsin • inspire-aba.com

SUBMIT COMPLETED APPLICATION

Email: jnagel@inspire-aba.com

**OR drop off at the Inspire ABA center:
211 State Highway 64, Antigo, WI 54409**