



**big apple**  
CHILDREN SERVICES

UNWAVERING COMMITMENT TO  
ACHIEVING YOUR FULL POTENTIAL

1626 Putney Road • Valley Stream, NY 11580

P 718.618.5075 • F 929.900.1522

[www.bigapplechildren.com](http://www.bigapplechildren.com)

[BACInfo@bigapplechildren.com](mailto:BACInfo@bigapplechildren.com)

Greetings!

Welcome to Big Apple Children Services—the premiere early intervention agency in New York City. We are excited to partner with you to help children of New York City acquire age-appropriate skills.

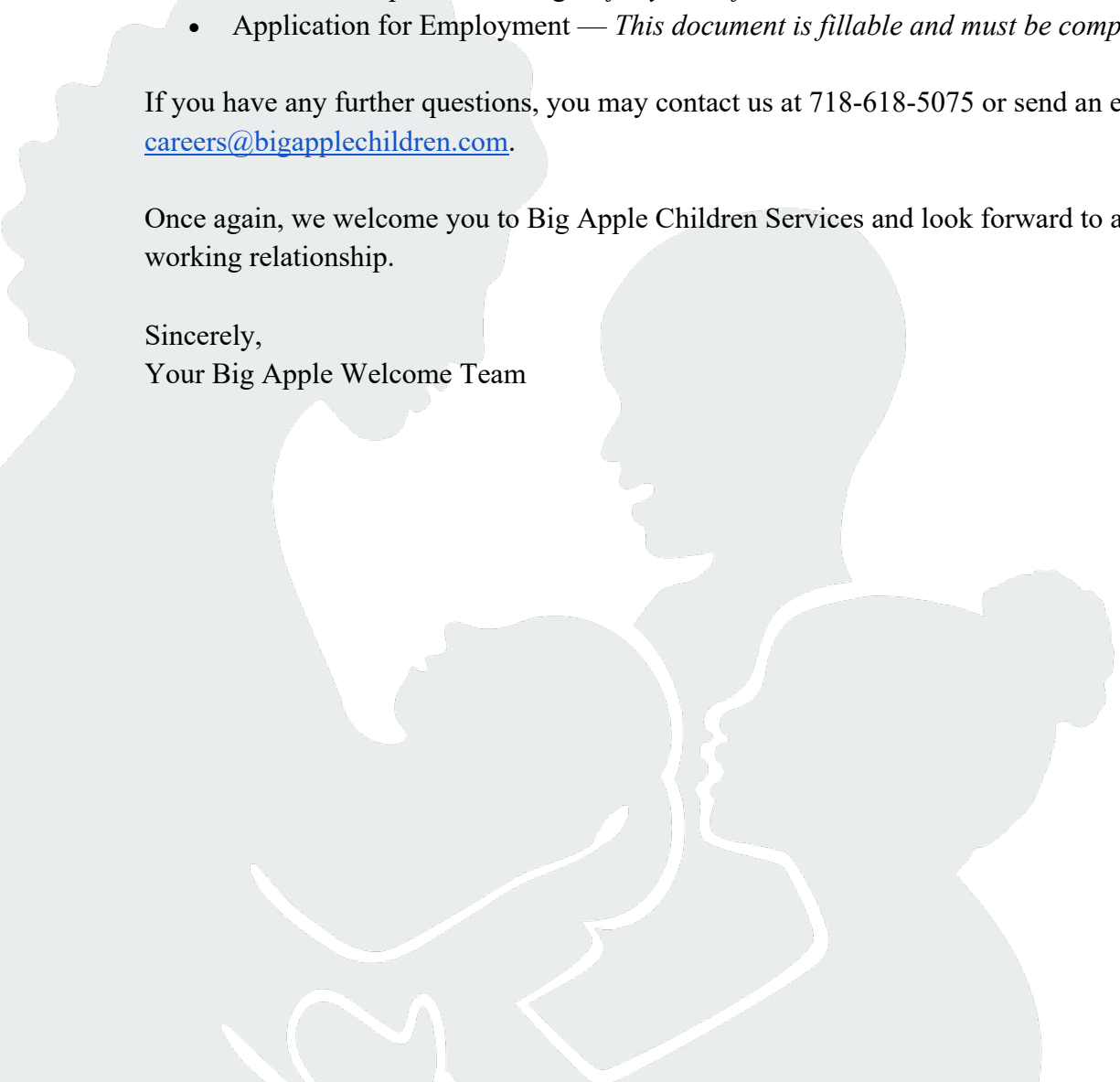
Your application includes the following sections:

- State Central Clearance Form — *pre-submission*
- Provider Required Documents Checklist — *bring these items with you (originals only please)*
- Immunization Declination Form — *to be signed in person during on-boarding*
- Physical Examination Form — *to be completed by your physician; bring with you*
- Area of Preferred Service Form — *to be completed by you*
- Mandated Reporter Training — *for your information*
- Application for Employment — *This document is fillable and must be completed by you*

If you have any further questions, you may contact us at 718-618-5075 or send an email to [careers@bigapplechildren.com](mailto:careers@bigapplechildren.com).

Once again, we welcome you to Big Apple Children Services and look forward to a professional working relationship.

Sincerely,  
Your Big Apple Welcome Team



## **PROVIDER REQUIRED DOCUMENTS**

**PLEASE BRING ORIGINAL DOCUMENTS WITH AN ASTERISK TO YOUR ON-BOARDING MEETING.  
PHOTOCOPIES ARE NOT ACCEPTED AND MAY RESULT IN CANCELLATION OF YOUR APPLICATION.**

- |  |   |
|--|---|
| <input type="checkbox"/> Application                                     | <input type="checkbox"/> 10 Hours of Continuing Education   |
| <input type="checkbox"/> Resumé  | <input type="checkbox"/> Mandated Reporter Training   |
| <input type="checkbox"/> Identification & Social Security                | <input type="checkbox"/> Sample Of Evaluation ( <i>if applicable</i> )                            |
| <input type="checkbox"/> DOH Letter of Approval ( <i>if applicable</i> ) | <input type="checkbox"/> Statewide Central Register Database Check                                |
| <input type="checkbox"/> Personal <input type="checkbox"/> Business      |   |
| <input type="checkbox"/> 4 Reference Letters (2 pers./2 bus.)            | <input type="checkbox"/> NPI# <input type="checkbox"/> Personal <input type="checkbox"/> Business |
| <input type="checkbox"/> Physical Examination Form                       | <input type="checkbox"/> Fingerprint  |
| <input type="checkbox"/> Immunization Declination Form                   | <input type="checkbox"/> Business Certificate (optional)  |
| <input type="checkbox"/> Degree/License/ Certification                   |   |

## **DOCUMENTS TO BE PROVIDED BY HUMAN RESOURCE**

- Policies & Procedures Review Acknowledgement
- Tax Forms - W4, W9 or I-9
- Corporate Compliance Policy Receipt Acknowledgement
- Current Malpractice or Compensation Insurance Policy
- Signed Contract
- Billing Guidelines for Providers

## **BIG APPLE CHILDREN SERVICES APPLICATION**

*Press the **TAB** key to move to the next field*

1. Last Name:		2. First Name:	
3. Street Address:			
4. City:		5. State:	6. Zip Code:
7. Date of Birth: / /		8. Social Security Number: - -	
9. Home Phone: - -		10. Mobile Phone: - -	
11. Email Address:			
<b>Emergency Contacts</b>			
12. First Name:		13. Last Name:	14. Phone: - -
15. First Name:		16. Last Name:	17. Phone: - -
18. Are you a citizen of the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/>		19. If you are not a U.S.A. citizen, do you have authorization to remain and work in the U.S.A? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Discipline(s) in which you are certified and/or licensed ( <i>separate each discipline with a comma</i> ):			
21. Certification/License #:			22. Expiration Date: / /
23. Languages Spoken:			24. <input type="checkbox"/> Yes, I can translate
25. Are you a New York City Department of Education employee? Yes <input type="checkbox"/> No <input type="checkbox"/>			
26. Please check all the areas for which you are certified and/or licensed to provide:			
<input type="checkbox"/> ABA	<input type="checkbox"/> Feeding/Swallowing	<input type="checkbox"/> Services	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Birth-to-Three	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Sign Language	
<input type="checkbox"/> Evaluations	<input type="checkbox"/> NDT	<input type="checkbox"/> Speech Therapy	
27. What's your availability? ( <i>Please check all that apply</i> ):			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	
28. Earliest Start Date: / /			
29. Position(s) applying for ( <i>Please check all that apply</i> ):			
<input type="checkbox"/> PT	<input type="checkbox"/> OT	<input type="checkbox"/> SLP	<input type="checkbox"/> SI
<input type="checkbox"/> LCSW	<input type="checkbox"/> Psych.	<input type="checkbox"/> Service Coordinator	<input type="checkbox"/> COTA
			<input type="checkbox"/> LMSW
			<input type="checkbox"/> Other: Psychology
30. ABA Experience Training? Yes <input type="checkbox"/> No <input type="checkbox"/>			
31. Department of Health Approval? Yes <input type="checkbox"/> No <input type="checkbox"/>			
32. National Provider Identification #:			
33. References: Please provide contact information for two (2) persons not related to you and with whom you have never worked professionally:			
<i>Full Name</i>	<i>Email</i>	<i>Phone</i>	<i>Address</i>
		- -	
		- -	
34. Have you ever been convicted of a crime (other than parking or traffic violations)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
35. If you answered YES, please describe the nature of the offense: x			

## **ATTESTATION**

*(To be signed during your on-boarding visit to Big Apple Children Services headquarters)*

I hereby attest that all of the information that I have provided on this application are accurate and complete statements of fact. I understand that any false statements provided in this application is immediate cause for dismissal/cancellation of your contract. I further grant permission to Big Apple Autism Services Inc. d/b/a Big Apple Children Services to perform background check(s) and verify my education, references and license/certifications.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## AREAS OF PREFERRED SERVICE

*Please indicate your preferred service areas by selecting all that apply.*

### Brooklyn

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Bayridge           | <input type="checkbox"/> Carroll Gardens   | <input type="checkbox"/> East New York   | <input type="checkbox"/> Manhattan Beach  | <input type="checkbox"/> Remsen Village     |
| <input type="checkbox"/> Bedford Stuyvesant | <input type="checkbox"/> Cobble Hill       | <input type="checkbox"/> Flatbush        | <input type="checkbox"/> Marine Park      | <input type="checkbox"/> Sheepshead Bay     |
| <input type="checkbox"/> Bensonhurst        | <input type="checkbox"/> Coney Island      | <input type="checkbox"/> Fort Green      | <input type="checkbox"/> Midwood          | <input type="checkbox"/> Starrett City      |
| <input type="checkbox"/> Boro Park          | <input type="checkbox"/> Crown Heights     | <input type="checkbox"/> Gerritsen Beach | <input type="checkbox"/> Mill Basin       | <input type="checkbox"/> Stuyvesant Heights |
| <input type="checkbox"/> Brighton Beach     | <input type="checkbox"/> Cypress Hills     | <input type="checkbox"/> Gravesend       | <input type="checkbox"/> Park Slope       | <input type="checkbox"/> Sunset Park        |
| <input type="checkbox"/> Brooklyn Heights   | <input type="checkbox"/> Ditmas Park       | <input type="checkbox"/> Greenpoint      | <input type="checkbox"/> Parkville        | <input type="checkbox"/> Williamsburg       |
| <input type="checkbox"/> Brownsville        | <input type="checkbox"/> Downtown Brooklyn | <input type="checkbox"/> Highland Park   | <input type="checkbox"/> Prospect Park    | <input type="checkbox"/> Windsor Terrace    |
| <input type="checkbox"/> Bushwick           | <input type="checkbox"/> Dyker Heights     | <input type="checkbox"/> Homecrest       | <input type="checkbox"/> Prospect Heights |   |
| <input type="checkbox"/> Canarsie           | <input type="checkbox"/> East Flatbush     | <input type="checkbox"/> Kensington      | <input type="checkbox"/> Red Hook         |   |

### Bronx

- |                                     |  |  |   |   |
|-------------------------------------|--|--|---|---|
| <input type="checkbox"/> Allerton   | <input type="checkbox"/> Eastchester     | <input type="checkbox"/> Marble Hill               | <input type="checkbox"/> Parkchester    | <input type="checkbox"/> Throgs Neck      |
| <input type="checkbox"/> Baychester | <input type="checkbox"/> Fordham Heights | <input type="checkbox"/> Melrose                   | <input type="checkbox"/> Port Morris    | <input type="checkbox"/> Woodlawn Heights |
| <input type="checkbox"/> Belmont    | <input type="checkbox"/> Highbridge      | <input type="checkbox"/> Middletown<br>-Pelham Bay | <input type="checkbox"/> Riverdale      |   |
| <input type="checkbox"/> Concourse  | <input type="checkbox"/> Hunts Point     | <input type="checkbox"/> Morris Park               | <input type="checkbox"/> Schuylerville  |   |
| <input type="checkbox"/> East Bronx | <input type="checkbox"/> Knightsbridge   |  | <input type="checkbox"/> Spuyten Duyvil |   |

### Manhattan

- |  |  |  |                                       |   |
|--|--|--|---------------------------------------|---|
| <input type="checkbox"/> Battery Park City | <input type="checkbox"/> East Village      | <input type="checkbox"/> Hudson Heights      | <input type="checkbox"/> SOHO         | <input type="checkbox"/> Upper East Side    |
| <input type="checkbox"/> Bowery            | <input type="checkbox"/> Garment District  | <input type="checkbox"/> Inwood              | <input type="checkbox"/> Sugarhill    | <input type="checkbox"/> Upper Manhattan    |
| <input type="checkbox"/> Chinatown         | <input type="checkbox"/> Greenwich Village | <input type="checkbox"/> Kips Bay            | <input type="checkbox"/> Sutton Place | <input type="checkbox"/> Upper West Side    |
| <input type="checkbox"/> Civic Center      | <input type="checkbox"/> Harlem            | <input type="checkbox"/> Midtown             | <input type="checkbox"/> Tribeca      | <input type="checkbox"/> Washington Heights |
| <input type="checkbox"/> East Harlem       | <input type="checkbox"/> Hell's Kitchen    | <input type="checkbox"/> Morningside Heights | <input type="checkbox"/> Two Bridges  |   |

### Queens

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Astoria         | <input type="checkbox"/> East Elmhurst | <input type="checkbox"/> Howard Beach     | <input type="checkbox"/> Meadowmere          | <input type="checkbox"/> St. Albans    |
| <input type="checkbox"/> Bayside         | <input type="checkbox"/> Elmhurst      | <input type="checkbox"/> Jackson Heights  | <input type="checkbox"/> Middle Village      | <input type="checkbox"/> Sunside       |
| <input type="checkbox"/> Bellaire        | <input type="checkbox"/> Far Rockaway  | <input type="checkbox"/> Jamaica          | <input type="checkbox"/> Ozone Park          | <input type="checkbox"/> West Flushing |
| <input type="checkbox"/> Bellerose       | <input type="checkbox"/> Floral Park   | <input type="checkbox"/> Jamaica Estates  | <input type="checkbox"/> Queens Village      | <input type="checkbox"/> Whitestone    |
| <input type="checkbox"/> Broad Channel   | <input type="checkbox"/> Flushing      | <input type="checkbox"/> Kew Gardens      | <input type="checkbox"/> Rego Park           | <input type="checkbox"/> Woodhaven     |
| <input type="checkbox"/> Cambria Heights | <input type="checkbox"/> Forest Hills  | <input type="checkbox"/> Kew Garden Hills | <input type="checkbox"/> Richmond Hill       | <input type="checkbox"/> Woodside      |
| <input type="checkbox"/> College Point   | <input type="checkbox"/> Fresh Meadows | <input type="checkbox"/> Laurelton        | <input type="checkbox"/> Ridgewood           |  |
| <input type="checkbox"/> Corona          | <input type="checkbox"/> Glendale      | <input type="checkbox"/> Little Neck      | <input type="checkbox"/> Rosedale            |  |
| <input type="checkbox"/> Douglaston      | <input type="checkbox"/> Glen Oaks     | <input type="checkbox"/> Long Island City | <input type="checkbox"/> South Ozone Park    |  |
| <input type="checkbox"/> East Flushing   | <input type="checkbox"/> Hollis        | <input type="checkbox"/> Maspeth          | <input type="checkbox"/> Springfield Gardens |  |

### Staten Island

- |  |                                       |  |  |  |
|--|---------------------------------------|--|--|--|
| <input type="checkbox"/> Bullshead         | <input type="checkbox"/> Dongan Hills | <input type="checkbox"/> Grymes Hill       | <input type="checkbox"/> Pleasant Plains | <input type="checkbox"/> Todt Hill     |
| <input type="checkbox"/> Castleton Corners | <input type="checkbox"/> Eltingville  | <input type="checkbox"/> Heartland Village | <input type="checkbox"/> Randall Manor   | <input type="checkbox"/> Tottenville   |
| <input type="checkbox"/> Charleston        | <input type="checkbox"/> Great Kills  | <input type="checkbox"/> Mariners Harbor   | <input type="checkbox"/> St. George      | <input type="checkbox"/> West Brighton |

## IMMUNIZATION DECLINATION FORM

*(To be signed during your on-boarding visit to Big Apple Children Services headquarters)*

I acknowledge that I am at risk of exposure or have been unknowingly exposed to the following diseases, all of which have vaccinations which can prevent acquiring said disease. I have had the opportunity to be vaccinated, however I choose to decline those vaccinations marked off below. I understand that by declining the vaccine protection, I am putting myself at risk of acquiring the disease.

If I were to be exposed to any of the diseases listed below I will immediately notify Majorjy Gabriel—CEO and Program Director—and I understand that I may be ordered to not provide services until I have been medically cleared by a doctor.

- Hepatitis B
- Influenza
- Tetanus/Tetanus, Diphtheria, Pertussis (TDAP)
- Varicella (chicken pox vaccine)

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Supervisor of witness:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## PHYSICAL EXAMINATION FORM

Last Name:	First Name:	M.I.:
Street Address:		
City:	State:	Zip Code:
Date of Birth:     /     /	Mobile Phone:     -     -	
Examination Date:     /     /		
<p>Note: In accordance with DOH guidelines for Health and Safety Standards, all providers delivering services must provide an annual statement demonstrating evidence that s/he has no diagnosed disorder that would preclude him/her from providing services, and is free from communicable diseases.</p>		
<b>To be completed by your physician. All lab work must be attached.</b>		
Height:	Weight:	Blood Pressure:     /     /
		Pulse:
<b>TUBERCULIN TESTING</b>		
Date Tested:     /     /	Annual Tuberculin Skin Test: <b>PPD MANTOUX</b>	
Date Interpreted:     /     /	Results:	
<p><i>A Mantoux test is required every year unless previously positive. A chest X-Ray is required only when the Mantoux is positive and only until a negative X-Ray is on record at least 18 months after the positive Mantoux was noted or after completion of treatment.</i></p>		
Chest X-Ray:	Date:     /     /	Results:
<b>IMMUNIZATION</b>		
<p>Hepatitis B: Either provide proof of immunization series, a positive titer, or a signed document of refusal of vaccine.</p>		
Date Vaccinated:     /     /	Refused (please initial):	
Diphtheria: <input type="checkbox"/> <b>Vaccinated</b>	Tetanus: <input type="checkbox"/> <b>Vaccinated</b>	
Perfussis: <input type="checkbox"/> <b>Vaccinated</b>	Varicella: <input type="checkbox"/> <b>Vaccinated</b>	
History of Chicken Pox: <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Negative</b>		
Influenza: <input type="checkbox"/> <b>Vaccinated</b>	<input type="checkbox"/> <b>Refused (please initial):</b>	
Measles/Mumps/Rubella: <input type="checkbox"/> <b>Vaccinated</b> <input type="checkbox"/> <b>Refused (please initial):</b>		
<p><i>Measles vaccine is required as follows: proof of two doses of vaccine; a positive titer; or physician certification of disease if born on or after January 1, 1957. A Rubella titer is required unless a positive titer is on record.</i></p>		
<p>Based on health history provided, physical exam, and/or laboratory test(s) performed, this person's physical and emotional condition will permit him/her to work in the healthcare field.</p>		
Physician Name: _____		
Physician Signature: _____		Date: ____/____/____

## **MANDATED REPORTER TRAINING**

Please visit [www.nysmandatedreporter.org/TrainingCourses.aspx](http://www.nysmandatedreporter.org/TrainingCourses.aspx) for New York State mandated reporter training.

Once your mandated reporter training is complete, please submit your certificate to [careers@bigapplechildren.com](mailto:careers@bigapplechildren.com) so that you Big Apple Children Services file can be updated immediately following your training.



## **ACKNOWLEDGEMENT & UNDERSTANDING**

Please read each statement closely and initial each acknowledging your understanding.

### **Equal Employment Opportunity Statement**

\_\_\_\_\_ Big Apple Children Services is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Big Apple Children Services desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical disability, age or any other status protected by Federal, State or local laws.

### **Discrimination and Sexual Harassment Policy Statement**

\_\_\_\_\_ BACS will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

### **Disclosure to Applicants Concerning Drug/Alcohol Testing**

\_\_\_\_\_ If you are offered a position with BACS, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by BACS. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

### **Complete and Accurate Information**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application.

I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

### **At-Will Employment**

\_\_\_\_\_ I understand and agree that if I am employed, my employment will be "at-will", which means that BACS may terminate the employment relationship at any time. Likewise, BACS will respect my

right to terminate my employment at any time. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on BACS unless made in writing and signed by BACS owners.

**Investigation Authorization**

\_\_\_\_\_ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

**Company Obligation**

\_\_\_\_\_ I understand and agree that BACS acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that BACS has agreed to hire me. I understand that BACS is under no obligation to hire me as the result of accepting this completed application.

**FOR OFFICE USE ONLY**

Date of Interview:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Orientation:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Hire:         \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF REQUIRED TRAININGS FOR BIG APPLE CHILDREN SERVICES**

I acknowledge receiving the link to the Mandated Reporter training. My signature below indicates my understanding of, and agreement to complete, submit and abide by this training.

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



## **ACKNOWLEDGEMENT OF RECEIPT OF POLICIES & PROCEDURES FOR BIG APPLE CHILDREN SERVICES**

I acknowledge receiving and reviewing the following policies and procedures. My signature below indicates my understanding of an agreement to abide by procedures and policies outlined in each of the protocols.

- **Confidentiality Guidelines**
- **Health and Safety Policies & Procedures**
- **Infectious Control Guidelines**
- **Safety & Accident Prevention Guidelines**
- **Child Abuse Guidelines**
- **Policy Regarding Prohibition of Aversive Intervention**
- **Corporate Compliance**

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT  
OF COMPLIANCE PLAN FOR BIG APPLE CHILDREN SERVICES**

I, \_\_\_\_\_ (PRINT NAME), acknowledge that I received, read, and understand the Compliance Plan for Big Apple Children Services (the “Plan”) and that I will abide by its terms. I understand that I may address any questions or concerns regarding the Plan to Big Apple Children Services ’s Compliance Officers. I am aware of the anonymous hotline which I may use to make an anonymous report of a suspected or actual violation of law, regulation, or the Plan.

**Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_