

DATE _____

INDEPENDENT CONTRACTOR PROFESSIONAL PROFILE APPLICATION

LAST NAME	FIRST NAME	MAIDEN	EIN/SS
NAME:			NUMBER:
ADDRESS:			HOME #:
			WORK #:
REFERRED BY:			OTHER #:

YOUR BUSINESS TYPE (please circle one): Corporation Partnership Sole Proprietorship Individual Other _____

EDUCATION List all educational degrees & training you have received (List high school if no college).

	<u>Degree</u>	<u>Major</u>	<u>School Name & Address</u>	<u>Graduated</u>	<u>Yr</u>
1	_____	_____	_____	Y / N	_____
2	_____	_____	_____	Y / N	_____
3	_____	_____	_____	Y / N	_____

<p>CERTIFICATIONS / LICENSES:</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>Professional Liability Insurance:</p> <p>Circle one: CURRENTLY HAVE / DO NOT HAVE</p> <p>YOUR AVAILABILITY</p> <p>Date available _____ Rate Desired _____</p> <p><u>Generally:</u> (Circle at least one)</p> <p style="padding-left: 40px;">Days Evenings Weekends</p> <p>Detailed Availability: (describe your detailed availability below)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you interested in a full time position (or job change if you're already working): Y / N</p> <p>If yes, at what salary range:</p> <p>_____</p>	<p>Use the number codes to rate your experience: 0=No Exp, 1=Minimal Exp, 2=Moderate Exp, 3=Strong Exp</p> <p>1) POPULATION EXPERIENCE (Circle one number)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>Adolescent</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Adult</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Geriatric</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Pediatric</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Psychiatric</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Mental Retardation</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Mental Health</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Physically Disabled</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Court Adjudicated</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Autism</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>Special Education</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> </table> <p>2) FACILITY TYPE EXPERIENCE (Circle one number)</p> <table style="width:100%; 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|---|---|
| <p>1) Have you had a Child Abuse Clearance: Y / N
Date Cleared: _____</p> <p>2) Have you had a Criminal Records Check: Y / N
Date of Check: _____</p> | <p>3) Have you done Intake Assessment: Y / N</p> <p>4) Do you have working knowledge of the regulations in your field: Y / N</p> <p>5) Have you done Vocational Counseling: Y / N</p> |
|---|---|

PROFESSIONAL HISTORY

List below your most recent history starting with the most recent first.

	DATE	Name and Address of Employer	Salary	Position	Reason for Leaving
<u>FROM</u>					
<u>TO</u>					
<u>FROM</u>					
<u>TO</u>					
<u>FROM</u>					
<u>TO</u>					

CONTRACTING HISTORY

List below other contracting or temporary agency work you have done.

	DATE	Name and Address of Agency	Rate	Position	Location of Work
<u>FROM</u>					
<u>TO</u>					
<u>FROM</u>					
<u>TO</u>					
<u>FROM</u>					
<u>TO</u>					

PROFESSIONAL REFERENCES (Requires at least 3)

Facility Name	Direct Supervisor & Title *	Phone Number

_____ Signature

_____ Date