



Gulf Coast Education Solutions, LLC

Specialized Services for Exceptional Learners!

(228) 806-0616
23272 Hwy 49 Frontage Rd. #C
Saucier, MS 39574
www.gulfcoastedsolutions.com

SERVICE PROVIDER APPLICATION

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

How Long At Present Address? _____ Primary phone: _____

Cell phone: _____

TEACHING PREFERENCES AND COMPETENCIES

Position Preferred:

Dyslexia Therapist Office Teacher Assistant Speech-Language Therapist
 Psychometrist Teacher/Tutor (certified) Teacher/Tutor (non-certified)
 Early Childhood Interventionist Behavior Specialist Other: _____

Level Preferred: (Please indicate your 1st, 2nd, 3rd and 4th choice of grade levels)

Pre-K (3-5 yrs) Elementary (K-4) Middle School (5-8) High School (9-12)

List other subjects you are qualified to teach: _____

List any activities you are willing to volunteer for; i.e., special needs sports, groups, field trips, etc.

I will be available to start teaching: (date) _____

List and give the extent of any special training you have had that is not mentioned above.

CERTIFICATION

Note: Please submit a photocopy of all of your teaching certificates with this application.

Certificates	Date Issued	Date of expiration	Certificate Number	Subjects or Grades on certificate

ACADEMIC PREPARATION FOR TEACHING

List high schools, colleges, universities, and training institutions attended.

	Dates Attended	School and Location	Degree/Date	Major and Minor	Semester Hours	Grade Average
High School						
College						

Any degree presently pursuing _____ Date degree to be conferred _____

Distinctions and Honors: _____

Activities: _____

TEACHING EXPERIENCE

A. Student Teaching

Name of School City and State	Grades and Subjects Taught	Supervising Teacher/ Phone Number	Dates

B. Regular Teaching - Include all contracted positions you have held as a certificated teacher and school administrator. List chronologically with most recent positions first.

Name of School Address (zip code)	Principal Name Phone No.	Grades, Subjects taught and Related Assignments	Dates		Total Years
			From	To	

You have my permission to contact any of the above mentioned persons? ___ Yes ___ No

Are you presently under contract? ___ Yes ___ No

If yes, to whom? (School System) _____

Have you ever been discharged or requested to resign from a teaching or administration position?

___ Yes ___ No If yes, explain _____

OTHER EXPERIENCE

Other work experiences, including training in any specialized programs and/or interventions (e.g. Orton-Gillingham, Lindamood Bell, Project Read, etc.) which I believe have been valuable to my career are:

CRIMINAL HISTORY/LEGAL NOTIFICATION

Have you ever been convicted of, plead guilty or no-contest to a misdemeanor or felony? Yes__ No__

If yes, explain _____

It is understood that Gulf Coast Education Solutions may contact former employer(s) for verification of my employment history and the Federal Bureau of Investigations for a criminal history records check, child abuse registry check, and a sex offender registry check, and I hereby consent to such inquiries.

I understand that if I am contracted prior to the receipt of the FBI report, I am not to be left unsupervised with any children, at any time, and my continued services will be conditional on receipt of a report demonstrating that I am in compliance with the Mississippi Department of Health rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

Signature _____ Date _____

I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being contracted, falsehoods or omissions are discovered in my application or resume, I understand that my contract may be terminated.

Signature _____ Date _____

REFERENCES

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please include administrators with whom you have worked, teachers you have supervised, or parents you have worked with.

Do we have your permission to contact these persons at this time? __ Yes __ No

(Please add additional names to your resume.)

Name	Address	Phone No.	Position/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is the policy of the Gulf Coast Education Solutions that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, disability, sex, or military status. Should you be contacted for an interview and require any special accommodations, please contact us at 228-806-0616. We will utilize this information only in a manner consistent with the Americans With Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973.