**SERVICE PROVIDER APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

How Long at Present Address? \_\_\_\_\_\_\_\_ Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LICENSES/CERTIFICATIONS**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Licenses/Certificates** | **Date Issued** | **Date of expiration** | **Certificate Number** | **Subjects or Grades on certificate** |
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**EDUCATION**

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

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Dates Attended** | **School and Location** | **Degree/Date** | **Major and Minor** | **Semester Hours** | **Grade Average** |
| **High School** |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **College** |  |  |  |  |  |  |
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Any degree presently pursuing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date degree to be conferred \_\_\_\_\_\_\_\_\_\_

Distinctions and Honors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK EXPERIENCE (If applicable, list only Teaching/Therapy Experience)**

1. Internships/Student Teaching/Supervised Clinical Hours

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School/Company**  **City and State** | **Grades/Subjects Taught**  **Therapy Program** | **Supervisor/ Phone Number** | **Dates** |
|  |  |  |  |
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B. Regular Work Experience/Teaching/Therapy - Include all contracted positions you have held as a certificated teacher and school administrator. List chronologically with most recent positions first.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School/Clinic Address (zip code)** | **Supervisor Name**  **Phone No.** | **Grades/Subjects taught Therapy Program(s)** | **Dates**  **From To** | | **Total Years** |
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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/Company) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_ Yes \_\_ No If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER TRAINING/EXPERIENCE**

Other work experiences, including training in any specialized programs and/or interventions (e.g. Orton-Gillingham, Lindamood Bell, Project Read, ABA, CBT, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 supervisors/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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 228-357-5671. 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.