



### **Application for Independent Contractor**

Your interest in Learning & Behavior Specialists, LLC is appreciated. Please complete and return this application as soon as possible to **Learning & Behavior Specialists, LLC, 820 Apperson Drive, Salem, VA 24153**. If the demand for your skills arises, a personal interview will be scheduled.

#### **I. General Information**

Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### ***Current Address:***

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### ***Telephone Numbers:***

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**II. Qualifications**

***Teacher Certification:***

State(s): \_\_\_\_\_ Type: \_\_\_\_\_

Subject Area(s)/ Grade Level(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration Date of Teaching Certificate: \_\_\_\_\_

***Subjects/Levels You Prefer to Teach (In Order of Preference):***

\_\_\_\_\_

\_\_\_\_\_

***Specialized Instructional Methods:***

Please check or list any specialized programs for which you have training or

Experience:

\_\_\_\_ Touch Math

\_\_\_\_ Sing, Spell, Read, & Write

\_\_\_\_ Orton-Gillingham Reading/Language Arts

\_\_\_\_ Words Their Way

\_\_\_\_ Lindamood-Bell Programs: \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

**III. Experience**

***Current Job:*** \_\_\_\_\_

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

**All Teaching Experience Including Student Teaching and Current Teaching Position:**

School/Organization: \_\_\_\_\_

Subject(s): \_\_\_\_\_

Duration of Placement: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Subject(s): \_\_\_\_\_

Duration of Placement: \_\_\_\_\_

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Subject(s): \_\_\_\_\_

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Subject(s): \_\_\_\_\_

Duration of Placement: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Subject(s): \_\_\_\_\_

Duration of Placement: \_\_\_\_\_

*Please describe any other work experience:* \_\_\_\_\_

\_\_\_\_\_

**IV. Educational and Professional Training**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

College or University: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_

College or University: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_

College or University: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_

College or University: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_

College or University: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_

*Please list any other information you would like to share regarding your education:*

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## **V. Professional Development**

Please list any professional organizations to which you belong:

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List any college courses/continuing education activities in which you have recently or are currently participating:

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**VI. Professional Viewpoints**

Describe your philosophy of education. How does being a tutor or specialist relate to this philosophy?

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Describe your beliefs on motivating students.

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Describe what you believe are the attributes of an exemplary teacher.

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**VII. Availability**

**Date available to begin:** \_\_\_\_\_

Estimated maximum number of hours available per week for tutoring **during the school year:** \_\_\_\_\_

Estimated maximum number of hours per week available for tutoring **during the summer:**

\_\_\_\_\_

**Cities/Counties Preferred:** \_\_\_\_\_

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**VIII. References**

Fellow Worker:

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

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

Phone: \_\_\_\_\_

Position \_\_\_\_\_

School/Organization: \_\_\_\_\_

Supervisor:

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

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

Phone: \_\_\_\_\_

Position \_\_\_\_\_

School/Organization: \_\_\_\_\_

Friend:

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

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

Phone: \_\_\_\_\_

Position \_\_\_\_\_

School/Organization: \_\_\_\_\_

Other:

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

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

Phone: \_\_\_\_\_

Position \_\_\_\_\_

School/Organization: \_\_\_\_\_

**IX. Other Information**

Do you have educator's liability insurance? Yes No

Have you ever been refused tenure or a continuing contract? Yes No

(If so, explain on back.)

Have you ever been discharged or asked to resign from a position? Yes No

(If so, explain on back.)

Have you ever been convicted of a violation of the law other than a minor traffic violation? (If so, explain on back.) Yes No

Have you ever had a certificate or license revoked or suspended? Yes No

(If so, explain on back.)

Are any criminal charges or proceedings pending against you? Yes No





Specialists, LLC.

I understand that Learning & Behavior Specialists, LLC does not discriminate in its practices against any person because of sex, race, color, national or ethnic origin, gender, religion, or handicap. I further understand that any offer to be an independent contractor is conditioned on the proof of legal authority to work in the U.S.

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of fact during any phase of the application/interviewing/contracting process may prevent me from being contracted or, if contracted, may result in termination of the contract.

I certify that I have carefully read and do understand the above statements.

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**Applicant's Name**

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**Applicant's Social Security Number**

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**Applicant's Signature**

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**Date**



I hereby request that \_\_\_\_\_ provide a recommendation/reference on my behalf, and, in doing so, s/he has my permission to utilize any relevant information s/he may have at his/her disposal. I waive the right to hold liable the above named individual for providing any requested information. It is understood that such information is absolutely privileged, confidential, and used only in determining my qualifications for selection as an independent contractor. It is understood that this recommendation/reference will be kept with my application.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**This individual has applied to work as an independently contracted tutor or learning/behavior specialist. Please rank the applicant on a scale of 5 to 1, with 5 as outstanding.**

	5	4	3	2	1	Not Observed	Not Applicable
<i>Responsibility</i>							
<i>Dependability</i>							
<i>Maintains Confidentiality</i>							
<i>Knowledge of Subject Area/Field</i>							
<i>Lesson Design</i>							
<i>Presentation of Instruction</i>							
<i>Utilizes Various Techniques/Methods</i>							
<i>Written Expression Skills</i>							
<i>Oral Expression Skills</i>							
<i>Rapport with Students</i>							
<i>Rapport with Parents</i>							

Please attach or write on the back of this form any comments you would like to share about the applicant.

_____ Signature	_____ Relationship to Applicant
_____ Print Name	_____ Title
_____ School District/Business	_____ Phone

**Return to: Learning & Behavior Specialists, LLC, 820 Apperson Drive, Salem VA 24153**