

Spectrum Analytic Consulting, LLC
PO Box 521
Avondale Estates, GA 30002

Office: (678) 736-4232

Fax: (800) 533-9896

Mobile: (678) 736-3250

Email: info@spectrumanalytic.com

CONTRACTOR APPLICATION

Please complete the entire application and send to the email address above.

1. Company Information

Spectrum Analytic Consulting

PO Box 521 Avondale Estates, GA 30002

Office: (678) 736-4232

It is the policy of Spectrum Analytic Consulting, LLC to provide equal opportunities to all applicants and contractors without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____ Daytime phone: _____

Evening phone: _____ Mobile phone: _____

Social Security Number: _____

Driver's License (State/Number): _____

3. Emergency Contact (Who should be contacted if you are involved in an emergency?)

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

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4. Job Position Applied For: _____

Full or Part Time? _____

5. Rate Desired: \$ _____ per/hour

6. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

7. Have you applied to our company previously? _____ Yes _____ No If yes, when?

8. Are you at least 18 years old? _____ Yes _____ No

9. How will you get to work? _____

10. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

11. If applicable, are you available to work overtime? _____ Yes _____ No

12. If you are offered employment, when would you be available to begin work?

13. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

14. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

If no, please state any limitations: _____

What reasonable accommodation, if any, would you request?

15. Have you ever been convicted of a felony or misdemeanor?

_____ No _____ Yes, I was convicted of _____ on _____
(date) in _____ (city), _____ (state)

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

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16. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill Years of Experience Rating

[] Parent Training _____ 1 2 3 4 5

[] Data Collection _____ 1 2 3 4 5

[] Functional Behavior Assessments _____ 1 2 3 4 5

[] Expert Witness IEP _____ 1 2 3 4 5

[] Supervisory Training Certified (BACB) _____ 1 2 3 4 5

[] Case Management _____ 1 2 3 4 5

_____ 1 2 3 4 5

_____ 1 2 3 4 5

17. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

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City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

18. Applicant's Education and Training

College/University Name and Address _____

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address _____

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational): _____

Please indicate any current professional licenses or certifications that you hold: _____

Awards, Honors, Special Achievements: _____

List any two non-relatives who would be willing to provide a reference for you.

19. References

Name: _____ Address: _____

City/State/ZIP: _____ Telephone: _____

Relationship: _____

Name: _____ Address: _____

City/State/ZIP: _____ Telephone: _____

Relationship: _____

20. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination. I authorize Spectrum Analytic Consulting, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Spectrum Analytic Consulting, LLC, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship. I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Signature

Date