

IDENTIFICATION

Last name		First name	Middle initial	Social Security Number <small>Please ensure your Social Security card reflects your current name</small>
Present street address			DOB (mm/dd/yyyy)	Daytime phone
City	State	Zip	Evening phone	
Permanent street address (if different than above)				Mobile phone
City	State	Zip	Email address	
Preferred name (This will be used for email and phone purposes)				

POSITION INFORMATION

Position desired	Compensation \$
Notice needed to begin work (days/weeks)	
How were you referred to Learners' Compass, LLC, (Learners' Compass internet site, job fair, person, agency, etc. Please specify by name.)?	

ELIGIBILITY

Have you previously pursued work through Learners' Compass, LLC? Yes No

Do you have a valid drivers license (If applicable to position)? Yes No Other

Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you now or in the future require sponsorship for Visa status? (e.g. H-1B Status) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any relatives currently working through or part of the Learners' Compass network? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who and relationship:

Have you recently been fingerprinted in New York or New Jersey and can you provide proof? Yes No

Do you have liability insurance coverage for providing services to children with disabilities?
What is the name of your Insurance Company? _____ Policy Number? _____

EDUCATION

School:	City/State:	Degree Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Minor:		GPA
School:	City/State:	Degree Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Minor:		GPA

LICENSE/CERTIFICATION

State Permanent/Professional or Provisional/Initial

License Type	License/Certification No.	State	Expiration Date (if any)
License Type	License/Certification No.	State	Expiration Date (if any)
License Type	License/Certification No.	State	Expiration Date (if any)

WORK HISTORY *BEGIN WITH MOST RECENT OR PRESENT*

Work description/Name of agency		Start date	End date
Your name (if different from above)			
Address	City	State	Phone number
Job title and responsibilities	Reason for leaving	Starting pay	Ending pay
Supervisor's name	Supervisor's title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Work description/Name of agency		Start date	End date
Your name (if different from above)			
Address	City	State	Phone number
Job title and responsibilities	Reason for leaving	Starting pay	Ending pay
Supervisor's name	Supervisor's title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Work description/Name of agency		Start date	End date
Your name (if different from above)			
Address	City	State	Phone number
Job title and responsibilities:	Reason for leaving	Starting pay	Ending pay
Supervisor's name	Supervisor's title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL RELEVANT INFORMATION

Please list any other work-related information you think will be helpful to us in considering you for the Learners' Compass team, such as total years in the field of autism services, age of children serviced, foreign language competency, additional work experience, volunteer work, etc.

PROFESSIONAL REFERENCES

Name, Position, Company	Relationship	Phone	Years acquainted

QUESTIONNAIRE STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this Questionnaire is true and complete to the best of my knowledge. In the event of serving as an ABA Provider at Learners' Compass, I understand that false or misleading information given in this document or interviews may result in immediate dismissal.

I authorize the release of any and all information concerning my previous work experience, education and any pertinent information, personal or otherwise, and release all parties from all liability for any damage that may result from providing the information to Learners' Compass, LLC.

I understand that statements which may be contained in policies, practices, handbooks and other company material do not create any contract, express, implied, or guarantee of employment. I understand that Learners' Compass, LLC has the absolute and unconditional right to modify, amend or terminate policies, practices as it sees fit.

In consideration of joining Learners' Compass network, I agree to conform to the rules, regulations and policies of Learners' Compass, LLC and agree that my services and compensation may be terminated at any time, either by me or by the company, with or without cause. I understand that no representative of the company, other than the President of Learners' Compass, LLC, has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing three (3) paragraphs, and that such agreement must be in writing and signed.

I understand that prior to providing services, or from time to time during the course of my time at Learners' Compass, I may be required, to the extent permitted by law, to take a physical examination, including drug screen, or similar test or examination, as a condition of continued service at Learners' Compass.

This Questionnaire is considered current for six (6) months. If I wish to be considered for the position beyond that time, I understand I must renew this application in person or in writing.

I have read and understand the foregoing seven (7) paragraphs and have voluntarily agreed to them.

Signature

Date

(By typing your name and emailing the completed Questionnaire to a Learners' Compass, LLC representative, you are indicating your acceptance of this certification.)