

Coastal Behavioral Therapy, Inc

590 Solutions Way, Suite 120 Rockledge, FL 32955 Ph 321-684-3334 Fax 321-635-9171

Email to: office@cbtherapyinc.com

Contract Application

Contract Seeking: BCBA/BCABA _ _ _ Individual/Family Therapist _ _ _

Mentor/BMA _ _ _ Tutor _ _ _ RBT _ _ _

Personal Information

Last Name	First Name	MI	DOB	Social Security
				Need Later
Street Address		City	State	Zip Code
Home Phone	Cell Phone	Emergency Phone	Email	

Educational Background

High school	Date of Graduation	GED or Regular Diploma?		
Name and Location of College or University	City / State	Degree Earned	Date of Graduation	
Name and Location of College or University	City / State	Degree Earned	Date of Graduation	
Describe any other specialized training				
Professional Licenses/Certificates (please provide a copy)				

References (2 professional / 1 personal)

Name	Relationship	Years Known	Contact Number	
Name	Relationship	Years Known	Contact Number	
Name	Relationship	Years Known	Contact Number	

Work History (most recent first)

Employer	Dates	Title	Supervisor name	Contact Number
Employer	Dates	Title	Supervisor name	Contact Number

Employer	Dates	Title	Supervisor name	Contact Number
Employer	Dates	Title	Supervisor name	Contact Number

Authorization and Acknowledgement

The information I have provided in this request is true and correct. I understand that if I have misrepresented or falsified information in this request or in any other accompanying document or resume, I will not be consider for contracting by Coastal Behavioral Therapy, Inc. If I have been approved for contract through Coastal Behavioral Therapy, Inc and any misrepresentation or omission is discovered, the contract will be voided immediately.

I acknowledge that I am not currently under investigation or litigation involvement from prior employments or contracts.

I authorize Coastal Behavioral Therapy, Inc to conduct an inquiry into the information contained in this request package. I authorize my current and former employers to provide information about me. I understand any offer to contract through Coastal Behavioral Therapy, Inc is conditioned upon acceptable references and background checks.

_____ **Pending Independent Contractor's Signature**

_____ **Date**

OFFICE USE ONLY							
References checked	1	2	3	References Satisfactory	1	2	3
_____ Date Reviewed / First Contract Start Date				_____ Isidro Zavaleta, MS, BCBA Executive Director			