

## Structured Family Interventions, LLC Request for Contract Services

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SS# \_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_  
Street City State Zip

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
 Work/Alternate #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

Street City State Zip  
 Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Driver License State/No. \_\_\_\_\_

Vehicle: \_\_\_\_\_

Year Make/Model Color License Plate No.

Car Insurance: \_\_\_\_\_

(provide copy of policy) Company Agent Policy# Policy Dates

The maintenance of a valid license and a good driving record is required by every employee and contractor whose job duties require that they must travel by motor vehicle in the course of company business.

Please list any driving violations obtained in the last three years? \_\_\_\_\_

Do you have a criminal record? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

**Education:**

Name and Location	Dates Attended	Degree Date
High School:		
College:		
Graduate School:		
Tech/Trade School:		
Other:		

**Trainings** (Please provide copies of certifications):

CPR: _____ Date: _____	First Aid: _____ Date: _____	NCI: _____ Date: _____	Blood Borne Pathogens: _____ Date: _____
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Employment:

Present Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Street City State ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Work Hours: \_\_\_\_\_ Salary: \_\_\_\_\_

Previous Employment History:

Employer	Position- From/To	Supervisor	Phone#

References:

Current Supervisor:

\_\_\_\_\_

Address:

\_\_\_\_\_

Street City State ZIP

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

Previous Supervisor:

\_\_\_\_\_

Address:

\_\_\_\_\_

Street City State ZIP

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

Personal (Non-relative):

\_\_\_\_\_

Address:

\_\_\_\_\_

Street City State ZIP

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

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I further state that I have not been convicted of any unlawful offense, other than a minor traffic violation . I understand that false information may be grounds for rejection of my application and/or dismissal if I am contracted. I list here any felony or misdemeanor convictions and any pending criminal charges:

\_\_\_\_\_  
I authorize Structured Family Interventions, LLC , to check references as listed on this application and to obtain an investigative report containing information obtained through personal interviews (vi a mail, email and telephone) with present and former employer(s) and applicable agencies, including but not limited to, law enforcement agencies and Department of Protective and Regulatory Services (and other State children’s service systems), for the purp ose of determining my suitability as a mentor. I understand this information will be used only for this purpose and that information solicited will be unlimited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Structured Family Intervention s, 5318 Highgate Dr. Suite 231 , Durham, NC 27713  
Phone: 919-416-0800 Fax #: (919) 416-0804