

Confidential Consultant Application

PLEASE ATTACH RESUME

Date: _____

Last Name: _____ First Name: _____ MI: _____
RESIDENCE Address: _____ City: _____ State: _____ Zip: _____ Home E-Mail: _____ Home Telephone: _____ Home Fax: _____
BUSINESS Affiliation: _____ Position Title: _____ Address: _____ City: _____ State: _____ ZIP: _____ Office E-Mail: _____ Office Telephone: _____ Office Fax: _____
Preferred point of contact: <input type="checkbox"/> Residence <input type="checkbox"/> Business

		Desire to do		
Main Area	Specialized Skills that you wish to consult on. Please choose area below and select no more than 5.	Head Start Experience	Training	TTA Services
Microsoft Office Education Health Disabilities Program Governance Family Support Other HSFIS ChildPlus Report Management Crystal Reports Program Management Microsoft Technical				

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Novell Technical Galileo			
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LANGUAGES OTHER THAN ENGLISH

Language Ability Codes: F=Fair G=Good E=Excellent

Language Codes:

A=Arabic	G=German	K=Korean
C=Chinese	H=Hmong	S=Spanish
F=French	I=Italian	T=Tagalog
FR=Farsi	J=Japanese	V=Vietamese
O=Other: Specify _____		

<input type="checkbox"/> Language:	<input type="checkbox"/> Conversation:	<input type="checkbox"/> Presentation Ability	<input type="checkbox"/> Written Ability:
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Education:

Institution:	Degree:	Major:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please provide a brief profile summary of education/professional experience suitable for use in promotional efforts:

AUTHORIZATION TO PUBLISH PROFILE INFORMATION ON ELECTRONIC DATABASE:

I give my permission for HS University to include a profile of my educational background, professional experiences and current employment in the company's electronic database consultant pool and make it available to HS University Client communities.

Name: _____

Signature: _____ Date: _____

So that we may effectively employ your talents, please answer the following:

• In providing consultant services do you prefer:

_____ Technical Assistance

_____ Training/workshops for groups of: _____ less than 30 people: _____ any number

_____ On-Site/Keynote address

• What is your usual daily consulting fee? _____ Is this negotiable? Yes ___ No ___

• Travel may be requested. Please check your travel preferences. (Check all that apply)

_____ No overnight travel

_____ Travel within 100 miles radius of my home address.

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___ No more than one overnight at a time

___ No more than two overnights at a time

___ No travel restrictions

___ Will travel only to certain locations. Please specify: _____

Travel regions preferred: (Please choose your preferred travel locations)

___ Region 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)

___ Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

___ Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)

___ Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

___ Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

___ Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

___ Region 7 (Iowa, Kansas, Missouri, Nebraska)

___ Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

___ Region 9 (Arizona, California, Hawaii, Nevada, Outer Pacific)

___ Region 10 (Alaska, Idaho, Oregon, Washington)

• In general, how much advance notice do you need to schedule assignments?

___ At least 2 weeks

___ At least 2 months

___ At least 1 month

___ Other, please specify: _____

• Are there any periods of time that you are unavailable?