



Flower Mound Counseling
 (972) 910-2044

400 Parker Square
 Flower Mound, Texas 75028
www.flomocounseling.com

APPLICATION FOR INDEPENDENT CONTRACTOR LICENSED PROFESSIONAL

Client Name: _____
Last First Middle

Address

City State Zip Code

Phone numbers: _____
Home Cell Work

Number of hours per week seeking: _____

Current Licensure held: _____

Current Liability Insurance policy: _____ Policy #: _____

Education

University Name	Years Attended	Degree Earned	Awards/Organizations Participated in

Work History: Please provide your work history for the past five years.

Name of Employer	Dates of Employment	Job Title	Duties/Responsibilities	Manager/Supervisor Name

References: Please provide three professional references that we may contact to gain insight into the work that you provide in the counseling field.

Name	Place of Employment	Phone Number

Why did you want to join the Private Practice of FMC? _____

Please describe why you would be a benefit to our team: _____

Please describe your areas of specific interest/ niche in the field of counseling: _____

What is your greatest skill set: _____

Why are you an ideal candidate for FMC? _____

What are your plans for funding/startup costs associated with joining the FMC team? _____

What are your future career goals as a part of FMC? _____

What do your colleagues say about your counseling style and work with clients? _____

What would be the biggest barrier to your success in retaining clients? _____

Independent Contractor Policy Acknowledgment and Agreement

- I acknowledge that I am applying for an Independent Contractor Position and not one of Employment Recognized by the State of Texas and I am therefore responsible for filing my own taxes and tracking my income.
- I understand as an Independent Contractor, FMC does not guarantee my caseload and building my caseload is my responsibility
- I acknowledge that all information provided on here is true and correct
- My license is currently active and not under investigation. I understand should my license be revoked or suspended, my relationship with FMC will be terminated
- I understand that I must provide a Business Plan and/or Power Point presentation of my plans to build my caseload to schedule a meeting with the partners
- I have been explained the Operating Costs associated with working with FMC

Signature: _____

Date: _____