

# Completing the Job Profiling and SkillPro License Agreements

## 1. Identify the agency/licensee on the front page of the Job Profiling Agreement and the SkillPro License Agreement. Use your agency's legal name.

**JOB PROFILING AGREEMENT**

This Job Profiling Agreement ("Agreement") is made by and between ACT, \_\_\_\_\_, an individual who provides job profiling services, designated below and hereafter known as Agency, as of the effective date of \_\_\_\_\_

**SKILLPRO LICENSE AGREEMENT**

ACT, Inc., ("ACT"), in consideration of the terms and conditions of this SkillPro License Agreement (this "Agreement") and payment of a license fee, does hereby grant a nonexclusive and nontransferable license to

Licensee: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

for the SkillPro® software ("SkillPro") furnished for use by Licensee, according to the terms of this Agreement, and

conditions below. Licensee acknowledges having read the Terms and fully, and agrees to be bound by them.

Licensee Name: \_\_\_\_\_

- The agency/licensee is the individual or organization that is entering into the agreement with ACT. This is not where you enter the name of the job profiling trainee—unless the trainee is entering an individual contract with ACT.
- Invoices will be directed to the agency/licensee.
- The same agency name must be entered on both agreements.
- On the SkillPro Agreement, the Licensee name is entered on the top line, and again by the signature line under "Licensee Name"

## 2. Enter the agency's (licensee's) legal address.

On the SkillPro License Agreement, this is on the first page.

**SKILLPRO LICENSE AGREEMENT**

ACT, Inc., ("ACT"), in consideration of the terms and conditions of this SkillPro License Agreement (this "Agreement") and payment of a license fee, does hereby grant a nonexclusive and nontransferable license to

Licensee: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

for the SkillPro® software ("SkillPro") furnished for use by Licensee, according to the terms of this Agreement, and

On the Job Profiling Agreement, this is on page 4.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

City, State and Zip Code: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

3. Enter the name(s) of the individual(s) to be trained on the last page of both contracts (Attachment A).

**ACT Job Profiling Agreement  
Attachment A**

Names and job titles of Agency employees to be trained as Job Profilers:

\_\_\_\_\_

**SkillPro License Agreement  
Attachment A**

Names and job titles of Licensee Job Profilers:

\_\_\_\_\_

4. Enter signature information and secure appropriate signature.

Job Profiling Agreement – page 4

By:                     *Sign here*                    

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

SkillPro License Agreement – page 1

Licensee Name: \_\_\_\_\_

By:                     *Sign here*                    

(Authorized Signature)

Name: \_\_\_\_\_

(Type or print name of person authorized to sign)

Title: \_\_\_\_\_

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

5. Scan and email form to: [JPAnswers@act.org](mailto:JPAnswers@act.org)

6. Send signed original contract documents via US Mail to:  
ACT, Inc.  
Attn: Job Profiling – 16  
PO Box 168  
Iowa City, IA 52243-0168

If you have questions, call 319/337-1724.