



Accelerated Learning Clinic

Employment Application

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

APPLICANT INFORMATION		Position Applying for:				
		Date of Application:				
Last Name		First		Middle Initial		
Street Address				Apt. /Unit #		
City		State		ZIP		
Phone			E-mail Address			
Date Available to Start						
Are you able to perform the essential functions of this position, with or without reasonable accommodation?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to work any shift, including weekends?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to work overtime?		
		YES <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Days/Hours available to work:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



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Are you legally authorized to work in the United States?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Employment history (Please list your most recent employer first, including U.S. Military Service).							
#1 Company					Phone #		
Address					Supervisor		
Job Title		Starting Salary		\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
#2 Company					Phone #		
Address					Supervisor		
Job Title		Starting Salary		\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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References List three professional references.			
Full Name		Relationship	
Email		Phone	
Full Name		Relationship	
Email		Phone	
Full Name		Relationship	
Email		Phone	

GENERAL EMPLOYMENT INFORMATION. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?				
YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, explain				
Have you worked under any other names?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name(s):	

EDUCATION (PLEASE INDICATE EDUCATION OR TRAINING WHICH YOU BELIEVE QUALIFIES YOU FOR THE POSITION YOU ARE SEEKING).				
School	Name of School	Major / Courses Taken	Graduated	
			Yes	No
<input type="checkbox"/> High School			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College/Trade School			<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

- Are you available to work? Full-time Part-time Shift Work Temporary
- Do you have friends and/or relatives working for this company?..... Yes No
 - If yes, name(s) and relationship(s): _____
- Do you have a reliable vehicle?..... Yes No
- Do you have a current and valid Driver License?..... Yes No
- Do you have current vehicle insurance? Yes No



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6. Are you at least 18 years old?..... Yes No
- a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
7. If hired, can you present evidence of your identity and legal right to work in this country? Yes No
8. Are you able to perform the physical demands of the job for which you are applying for with or without reasonable accommodation? Yes No
- a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.
- How did you hear about us? _____

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

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I further understand that neither the policies, procedures, rules, and regulations of employment or anything during the interview process shall be deemed to constitute the terms of an implied employment contract.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.


_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____

Date: _____

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