



# Accelerated Learning Clinic, Inc.

Providing Effective and Efficient Autism Treatment

6897 W. Charleston Blvd. Las Vegas, NV 89117 | Ph 888.505.1376 | Fax 888.501.0472 | www.alcautism.com

## APPLICATION FOR EMPLOYMENT

We do not discriminate on the base of race, color, religion, National origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Please print, except for signature.

FULL NAME:	DATE:
ADDRESS:	PHONE:
DOB / SOCIAL SECURITY NUMBER:	EMAIL ADDRESS:
Are you 18 years or older?	<input type="radio"/> YES <input type="radio"/> NO
If hired, can you provide proof of eligibility to work in the U.S.?	<input type="radio"/> YES <input type="radio"/> NO

In the past, have you ever applied with Accelerated Learning Clinic? If yes, have you ever been employed with Accelerated Learning Clinic? If so, list dates of employment. _____	<input type="radio"/> YES <input type="radio"/> NO
Have you ever been convicted of any law violation including a felony or misdemeanor? If yes, please provide details. _____ _____	<input type="radio"/> YES <input type="radio"/> NO
Do you smoke?	<input type="radio"/> YES <input type="radio"/> NO
Do you have a valid driver's license and proof of insurance?	<input type="radio"/> YES <input type="radio"/> NO



## EMPLOYMENT HISTORY

Name of Employer:	Phone:
Address of Employer:	Supervisor:
Dates of Employment	Starting and Ending Pay:
Reason for Leaving:	

Name of Employer:	Phone:
Address of Employer:	Supervisor:
Dates of Employment	Starting and Ending Pay:
Reason for Leaving:	

Name of Employer:	Phone:
Address of Employer:	Supervisor:
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Address of Employer:	Supervisor:
Dates of Employment	Starting and Ending Pay:
Reason for Leaving:	

## REFERENCES

Are you presently employed?	<input type="radio"/> YES <input type="radio"/> NO
May we contact your current employer?	<input type="radio"/> YES <input type="radio"/> NO
Have you ever been terminated from employment or asked to resign? If Yes, please explain. _____ _____	<input type="radio"/> YES <input type="radio"/> NO

Please provide three professional references.

Name:	Relationship:
Phone:	Email:

Name:	Relationship:
Phone:	Email:

Name:	Relationship:
Phone:	Email:

I affirm that I have truthfully represented all information in this application. I understand that an employment offer will be contingent on a background check and acceptable references from current and former employers. \_\_\_\_ (initials)

Signature:	Date:
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