



EXCEPTIONAL LEARNING INSTITUTE

Employment Application

Thank you for your interest in joining our team at Exceptional Learning Institute, Inc. Please review and complete the employment application in its entirety. Provide all information requested on this form by printing in ink or typing. Also, please attach an updated résumé or curriculum vitae (CV) to this application.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applying for: Teacher RBT BCBA Receptionist Office Manager Other _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Availability

Instructions: Please indicate below by putting an **X** in the columns designated the times that you are **available** to work.

Will Accept:		Shift:	
<input type="checkbox"/> Per Diem	<input type="checkbox"/> Part Time	<input type="checkbox"/> Day	<input type="checkbox"/> Evening
<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekends

	Mon.	Tues.	Wed.	Thurs.	Fri.	Other
8am-11:30am						
11:30am-3pm						
After Hours						



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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
Are you still working YES NO
on your degree?

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
Are you still working YES NO
on your degree?

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Occupational License, Certificate or Registration: _____ Number: _____
Where issued: _____ Exp. Date: _____
Endorsements on license: _____

Occupational License, Certificate or Registration: _____ Number: _____
Where issued: _____ Exp. Date: _____
Endorsements on license: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



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Previous Employment

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 NO

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 NO

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 NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____



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Why do you think you will make a great addition to ELI? _____

Is there anything else you would like us to know about you? _____



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Applicant's Certification Agreement

1. I understand that I may submit a copy of my résumé or curriculum vitae (CV) and that by submitting a copy of my résumé/CV I understand that it will be used only as supporting and additional background information. A résumé/CV is not an authorized substitute for a completed employee application.
2. I understand if I should choose to complete only a portion of the required employment application there might not be enough information from which to base any determination on and, as a result, my application may not receive full consideration for employment.
3. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information. I also release EXCEPTIONAL LEARNING INSTITUTE, INC. from all liability that may result from making background investigations.
4. I certify the facts and information set forth in this application are true and complete to the best of my knowledge. I understand any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
5. I agree, if I am offered and accept a position, to conform to all existing and future workplace rules, regulations, policies, and procedures of EXCEPTIONAL LEARNING INSTITUTE, INC.
6. I understand and agree EXCEPTIONAL LEARNING INSTITUTE, INC. reserves the right to change any wages and hours of work, in its sole discretion, at any time as deemed necessary.
7. I understand the employment relationship will be At Will, meaning either party can end the employment relationship at any time, and for any reason, or no reason with written notice.
8. I understand I must submit to fingerprinting/background checks, drug testing, and/or medical testing as part of the process to determine my fitness for employment and hereby agree to submit to such testing. I authorize all persons, agencies, or other entities to release any information concerning my background or test results and hereby release from all liability any persons, agencies, or other entities for supplying such information. I also release EXCEPTIONAL LEARNING INSTITUTE, INC. from all liability that may result from making such investigations. Understand I must participate in fingerprinting/background checks, drug testing, and/or medical testing prior to being offered and accepting a position with EXCEPTIONAL LEARNING INSTITUTE, INC.
9. I understand any employment offer is contingent upon my providing proof of identity and eligibility to work within the United States to conform with the provisions of the immigration Reform and Control Act of 1986.
10. I understand all programs developed as part of my job responsibilities and all materials I am entitled to receiving as part of my employment are the property of EXCEPTIONAL LEARNING INSTITUTE, INC., and I will not try to copy, use, publish, or replicate a program or any materials for personal use, business ventures, or with other businesses. I understand if this occurs legal action will ensure against me for violating this term of my employment.

I have read and reviewed the information contained in this employment application, as well as the above-mentioned statement of agreement. By signing this employment application, I certify I understand all the information requested and I have provided information that is truthful, complete, and accurate.

Printed Name of
Applicant: _____

Signature of
Applicant: _____

Date: _____

Please return completed application to:

By email: hwoods@exceptionalinstitute.org

By mail to: Employee Applications
Exceptional Learning Institute
537 Deltona Blvd.
Deltona, FL 32725

Exceptional Learning Institute, Inc. is an Equal Employment Opportunity employer, and we do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race (including anti-Semitism), color, ethnicity, national origin, sex, sexual orientation, gender identification, gender expression, disability (physical or mental), pregnancy, marital status, age (except as authorized by law), religion, military status, socioeconomic status, linguistic preference, genetic information, ancestry, or any other reason protected under applicable federal, state, or local law.



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FOR INTERNAL USE ONLY

Printed Name of Interviewer: _____

Date: _____ Time: _____:_____ am/pm (circle one)

Interviewer's Comments:

Next Action(s) to be taken:

- Hire (pending outcome of background check, drug testing, etc.)
- Second interview with _____
- Check References
- Do not hire

Rationale: _____

Signature of Interviewer: _____

