



8091 Randolph Street
 Hobart, IN 46342
 Phone: (219) 942-5590
 Fax: (815) 301-8797

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name		First		Middle	
	Current Address			City	State	Zip
	Permanent Address			City	State	Zip
	Home Telephone Number			Other Telephone Number(s)		
	Social Security Number					
	Person to contact if you cannot be reached:			Telephone Number:		
	Are you currently employed? (yes or no)					
	If yes, where:					
	Have you previously filed an application with Innovations In Learning? (yes or no)					
	If yes, list position(s) applied for and dates applied:					

R E F E R E N C E	Personal References (Do Not Use Relatives)					
	1. _____					
	Name of Reference			Phone Number		
	Address	Street or P.O. Box	City	State	Zip	
	2. _____					
	Name of Reference			Phone Number		
	Address	Street or P.O. Box	City	State	Zip	
	3. _____					
	Name of Reference			Phone Number		
	Address	Street or P.O. Box	City	State	Zip	
	4. _____					
	Name of Reference			Phone Number		
	Address	Street or P.O. Box	City	State	Zip	

E D U C A T I O N	Educational Background	Name of School	City/State	Program	GPA	Date Completed
	High School: _____					
	Undergraduate: _____					
	Graduate: _____					
	Additional coursework: _____					

Do you want to work full time or part time

If hired, on what date will you be available to work? _____

Are you available to work some evenings? Yes No

TRAINING

List fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ #: _____ Exp. Date: _____

Registration: _____ State: _____ #: _____ Exp. Date: _____

List internships, specific courses, workshops, training and/or memberships you may have had that relate to the position for which you are applying. Include credit hours or CEUs, if applicable: _____

SPECIAL SKILLS & QUALIFICATIONS

Indicate any skills and abilities in the following areas. Please check all that apply and that you would be able to use immediately upon employment.

- | | |
|---|--|
| <input type="checkbox"/> Driver's License _____ Number | <input type="checkbox"/> Training in Verbal Behavior |
| <input type="checkbox"/> Typing _____ w.p.m. | <input type="checkbox"/> Training in ABA |
| <input type="checkbox"/> Word Processing _____ (specify) | <input type="checkbox"/> Counseling Experience |
| <input type="checkbox"/> Spreadsheets _____ (specify) | <input type="checkbox"/> Individuals with Disabilities |
| <input type="checkbox"/> Behavior Management Plan Development | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Teaching Experience _____ (specify) | <input type="checkbox"/> Other _____ |

Summarize special job related skills and qualifications acquired from employment or other experience.

Please attach a current resume or curriculum vitae and complete work experience below.

PAST EMPLOYMENT BEGINNING WITH MOST RECENT (MUST COVER LAST 7 YEARS)

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From _____
Month Year
To _____
Month Year

Employer _____
Address _____

Position Held _____
Duties _____
Reason for Leaving _____

From _____
Month Year
To _____
Month Year

Employer _____
Address _____

Position Held _____
Duties _____
Reason for Leaving _____

From _____
Month Year
To _____
Month Year

Employer _____
Address _____

Position Held _____
Duties _____
Reason for Leaving _____

From _____
Month Year
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Month Year

Employer _____
Address _____

Position Held _____
Duties _____
Reason for Leaving _____

From _____
Month Year
To _____
Month Year

Employer _____
Address _____

Position Held _____
Duties _____
Reason for Leaving _____

MILITARY SERVICE

Induction _____
Month Year
Discharge _____
Month Year

Branch of Service _____

Have you ever been convicted of a felony or any other offense involving moral turpitude? _____

Have you ever been asked to resign, had a contract non-renewed, been discharged, or resigned in lieu of discharge from any employment? Yes No If Yes, please explain:

Employer _____
Address _____
Explanation: _____

TO BE COMPLETED BY APPLICANT

I hereby affirm that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

All persons, firms and entities listed in this application are hereby authorized to release any information or records concerning me to Innovations In Learning and I hereby release said persons, firms and entities from any liability as a result of the furnishings of such records and information.

Applicant's Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Innovations In Learning that there shall be no discrimination against any employee or applicant for employment by reason of race, color, national origin, creed, marital status, sex, age or handicap.