



REFERRAL

We are an equal opportunity employer and do not discriminate in hiring or employment on the basis of race, color, religion, creed, gender, national origin, age disability unrelated to ability to perform the essential functions of the job, marital or veteran status, and any other legally protected status.

PLEASE TELL US HOW YOU FOUND OUT ABOUT THIS OUR ORGANIZATION.

***** PLEASE ONLY CHECK ONE *****

- **ADVERTISEMENT – PLEASE CHECK ONE:**
 - BUSINESS CARDS
 - SIGNS
 - POSTING
 - PLEASE SPECIFY: _____

- **AGENCY – PLEASE CHECK ONE:**
 - TWCC
 - CHURCH
 - PLEASE SPECIFY: _____

- **SCHOOL RECRUITING – PLEASE CHECK ONE:**
 - HIGH SCHOOL
 - COLLEGE
 - VOCATIONAL
 - NAME OF SCHOOL: _____

- **EMPLOYEE REFERRAL – PLEASE CHECK ONE:**
 - FRIEND
 - FRIEND OF A FRIEND
 - RELATIVE
 - STRANGER ON STREET
 - STARNGER ON BUS
 - NAME OF EMPLOYEE: _____

- **INTERNET – PLEASE CHECK ONE:**
 - CAREER BUILDER
 - MONSTER
 - CRAIGSLIST
 - EPI
 - SCHOOL
 - NAME OF WEBSITE: _____

- **OTHER:** _____

- **What was your current Work Status before working here, Please specify:**
(Student (HS or College), looking for full-time work, looking for part-time work, laid-off, etc...),if you are a student please specify what school you were attending

Employment Application

**Please Print
Personal Information**

Date: _____

Last Name First Name Middle Initial

Present Address

Address Apartment No.

City State Zip

Home Phone Cell Phone Email Address

Job Interest

Are you currently employed? (Circle One) Yes No

If so, may we contact your current employer? (Circle One) Yes No

Position applying for: _____

Are you applying for:

- Regular full-time work? (Circle One) Yes No
- Regular part-time work? (Circle One) Yes No
- Seasonal/Temporary work? (Circle One) Yes No

What days and hours are you available to work? _____

If applying for seasonal/ temporary work, during what period of time are you available?

From: _____ To: _____

Are you available for work on weekends? (Circle One) Yes No

Are you available to work overtime? (Circle One) Yes No

If hired, on what date can you start work? _____

Salary desired: _____

General Information

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)
(Circle One) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? (Circle One) Yes No

Have you ever worked for EPI (Excellence Learning Corporation) before? (Circle One) Yes No

If yes, when? _____

Do you have any friends or relatives working for Excellence Learning Corporation? (Circle One) Yes No

If yes, state name(s) and relationship:



Name

Relationship

Name

Relationship

Why are you applying for work at Excelligence Learning Corporation?

If hired, would you have a reliable means of transportation to and from work? *(Circle One)* Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? *(Circle One)* Yes No
If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal felony offense within the last seven (7) years that has not been sealed, expunged, or statutorily eradicated? *(Circle One)* Yes No
(California Applicants: Convictions for marijuana-related offenses that are more than two years old need not be listed.)
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School Name _____ Address _____ City _____ State _____ Zip _____	_____	Yes No <i>(Circle One)</i>	_____
College/ University Name _____ Address _____ City _____ State _____ Zip _____	_____	Yes No <i>(Circle One)</i>	_____

Do you have any other experience, training, qualifications, or skills, which you feel make you especially suited or work at Excelligence Learning Corporation?
If so, please explain: _____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. _____
Name of Employer Telephone No. _____

Type of Business Supervisor's Name _____

Address City State Zip _____

Dates of Employment: _____ to _____ Weekly Pay: Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? (Circle One) Yes No

2. _____
Name of Employer Telephone No. _____

Type of Business Supervisor's Name _____

Address City State Zip _____

Dates of Employment: _____ to _____ Weekly Pay: Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? (Circle One) Yes No

3. _____
Name of Employer Telephone No. _____

Type of Business Supervisor's Name _____

Address City State Zip _____

Dates of Employment: _____ to _____ Weekly Pay: Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

* May we contact this employer for a reference? (Circle One) Yes No

Military History

Have you obtained any special skills or abilities as the result of service in the military? (Circle One) Yes No
If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1.	_____	_____	_____	_____
	Name	Telephone No.		
	_____	_____	_____	_____
	Address	City	State	Zip
	_____	_____	_____	_____
	Occupation	No. of Years Acquainted		
2.	_____	_____	_____	_____
	Name	Telephone No.		
	_____	_____	_____	_____
	Address	City	State	Zip
	_____	_____	_____	_____
	Occupation	No. of Years Acquainted		
3.	_____	_____	_____	_____
	Name	Telephone No.		
	_____	_____	_____	_____
	Address	City	State	Zip
	_____	_____	_____	_____
	Occupation	No. of Years Acquainted		

Read Carefully, Initial Each Paragraph and Sign Below

Initials

- _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and 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.
- _____ I hereby authorize **Excelligence Learning Corporation** and it's agents to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the 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.
- _____ I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.
- _____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
- _____ I waive receipt of a copy of any public record described in the paragraph above.

Applicant Signature _____

Date _____

Equal Employment Opportunity Data

Application Date _____

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Sex: Male Female

Race/Ethnicity:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black
- Hispanic
- White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

To be completed by employer:

EEO-1 Category:

- | | |
|--|---|
| <input type="checkbox"/> 1. Officials and managers | <input type="checkbox"/> 6. Crafts - skilled |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 7. Operatives - semi-skilled |
| <input type="checkbox"/> 3. Technicians | <input type="checkbox"/> 8. Laborers - unskilled |
| <input type="checkbox"/> 4. Sales | <input type="checkbox"/> 9. Service workers |
| <input type="checkbox"/> 5. Office and clerical | |

Employer information completed by:

Name

Date

***As the employer or user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. We strongly recommend that prior to use, you consult with an attorney.*

Requesting Company Name: EDUCATIONAL PRODUCTS, INC.

The "Requesting Company" may obtain information about you for employment purposes from a third party consumer reporting agency. A "consumer report" and/or an "investigative consumer report" may include information about your character, general reputation, personal characteristics, and mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment and/or education history. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law, unless you otherwise revoke your consent by providing written notification to Company. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The consumer and/or investigative consumer report(s) will be obtained from:
24/7 Background Check LLC, PO Box 741733, Dallas, Texas 75374, Tel: (877) 556-5135 or (214) 206-3565

California applicants or employees only: Please check the appropriate box below if you would like to receive a copy of your investigative consumer report or consumer credit report at no charge.
Minnesota and Oklahoma applicants or employees only: Please check the appropriate box below if you would like to receive a copy of your consumer report free of charge.
New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by Employer , and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

For California, Oklahoma or Minnesota employees and applicants: Please check the appropriate box to indicate if you would like to receive a copy of your consumer report free of charge.

- Yes
- NO

(Signature)

(Date)

SAMPLE ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

****As the employer or user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. We strongly recommend that prior to use, you consult with an attorney.**

Print Name: _____

Other Known Names: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Drivers License Number: _____ Issued State: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Requesting Company, _____, at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **24/7 Background Check LLC, PO Box 741733, Dallas, Texas 75374**, another outside organization acting on behalf of the Requesting Company, and/or the Company itself.

I acknowledge receipt of the below documents and certify that I have read and understand both of those documents.
(Please initial below)

_____ **DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT**
I have received the Disclosure Regarding Consumer and/or Investigative Report

_____ **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (FCRA)**
I have read and received the Summary of Your Rights, and if a California resident/applicant
A Summary of Your Rights under the Provisions of California Civil Code §1786.22.

I understand such notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE §1786.22.
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New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
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I understand by signing my name below, I am authorizing the background check as described above:

(Signature)

(Date)