

WORKPLACE ENGLISH APPLICATION

COMPANY INFORMATION

Company Name: _____

Primary Contact's Name: _____

E-mail Address: _____

Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____

Zip code: _____

How many employees would you like to enroll in the program? _____

Location of Instruction

 Company On-site School Online**STUDENT INFORMATION** Please use an additional Student Information sheet if enrolling more than one employee.

Name: _____

E-mail Address: _____

Phone Number: _____

Estimated English Proficiency

 Beginner Intermediate Advanced

Company-Specific Goals. Please tell us what specific goals the company would like its employees to achieve.

Schedule Preference. What is the preferred schedule for this employee. Please indicate options if possible.

1. _____

2. _____

Start Date. Please indicate your preferred start date:

_____ (M/D/Y)

HOW DID YOU FIND ABOUT US?

 Referral- Family/Friend Google Referral- AEI Student LinkedIn AEI Representative Email Facebook Agent Twitter Flyer Instagram Newspaper/Magazine Other (specify below):

By checking **Agree and Continue**, the company agrees to support all school policies, instructional processes, including timely communications and enabling and encouraging employees to appropriately prioritize their studies. Agree and Continue

Signature: _____

Date: _____ (M/D/Y)

OFFICE USE ONLY

School Representative

WORKPLACE ENGLISH APPLICATION

Company Name: _____

ADDITIONAL STUDENTS INFORMATION

Name: _____

E-mail Address: _____

Phone Number: _____

Estimated English Proficiency

Beginner Intermediate Advanced

Company-Specific Goals. Please tell us what specific goals the company would like your employees to achieve.

Name: _____

E-mail Address: _____

Phone Number: _____

Estimated English Proficiency

Beginner Intermediate Advanced

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