

Email Resume and Application to: employment@echelonservices.org



An Equal Opportunity Employer

We do not discriminate on the basis 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.

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes, please explain:		
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number	Issued in what state?
Have you had any accidents during the past three years?		How many?
Have you had any moving violations during the past three years?		How many?

For Tutoring Applicants Only

Are you fluent in any language besides English? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list: _____
Do you have a teaching certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have 12 credit hours in math? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have 12 credit hours in English? Yes <input type="checkbox"/> No <input type="checkbox"/>

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				

Military

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date
Specialty			

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary

Phone number	Your last job title
Reason for leaving (be specific)	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Experience (continued)		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References
<i>Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.</i>
1.
2.
3.

4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date