



# ELITE COMMUNITY SERVICES, L.L.C.

Vocational, Tutoring & DDD Services

Toll Free: 888.558.1275 www.ECSAZ.org Fax: 480.558.1276

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### VOCATIONAL/TUTOR

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
*Last Name First Name M.I.*

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*For Background check Purposes*

Street Address: \_\_\_\_\_  
*If mailing address differs, please provide as well.*

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I can start work at:	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
I can work until:	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm

Date Available: \_\_\_\_\_ Desired Hourly Rate: \_\_\_\_\_

Are you a citizen of the United States? Yes No If no, are you authorized to work in the United States? Yes No

Have you ever been convicted of a felony/misdemeanor? Yes No

If yes, explain: \_\_\_\_\_

### Qualifications/Experience

Are you fluent in any language besides English? Yes No If yes, please list: \_\_\_\_\_

Do you have a Fingerprint Clearance Card? Yes No

Do you have a bachelor's degree? Yes No Degree: \_\_\_\_\_

Do you have a master's degree? Yes No Degree: \_\_\_\_\_

Do you have a High School Diploma or GED? Yes No

**\*\*Please note** – We will need a copy of all Official transcripts for both your Bachelor’s and Master’s degrees (if applicable) and/or a copy of either your High School Diploma/GED.

Have you worked for Elite Community Services or any other Special needs agency before? Yes No

When and where? \_\_\_\_\_

How many years of experience do you have with individuals with Disabilities? \_\_\_\_\_

**Explain your experience with special needs/disabilities/elderly**

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**PREVIOUS EMPLOYMENT**

**(Please list only employment relating to disability experience)**

Company Name, Address, Phone Number & Fax Number	To	From	Title/Position	Job Duties

**Do you have work experience, certifications, or trainings in the following areas?**

- Disabilities Awareness to include the following areas of impairment: deafness, blindness, physical, cognitive (learning disabilities), brain injury, development/cognitive, serious mental illness, etc. YES or NO
- Barriers and issues that prevent individuals with disabilities (particularly severe disabilities) from entering and succeeding in the workplace. YES or NO
- Strategies necessary for achieving successful, long-term employment outcomes for individuals with disabilities and how these strategies will lead to improve. YES or NO
- Work Readiness and Employability Skills. YES or NO

**Education**

School Name, Address, & Phone Number	To	From	Degree Awarded

**Q&A**

It may take some time to get you a full, working schedule. Is this okay?    Yes    No

A typical schedule would include multiple shifts with different clients; those shifts can range from 2-3 hours long. Can you adapt to this type of schedule?    Yes    No

There will be times where we need last minute coverage, would you be dependable for short notice coverage?    Yes    No

If you are going to be absent or late, you must call the office and let the client, or clients’ family know. It is of high importance that you are punctual and reliable. Do you understand?    Yes    No

**Disclaimer and Signature**

**I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.**

**I authorize Elite Community Services, LLC. to investigate information concerning my education, employment experiences and all other aspects of my background as may be necessary in arriving at an employment decision including contacting previous employers. I release Elite Community Services, LLC. and its employees from all liability arising from such investigation**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_