



542 N. Lewis Road, Suite 103, Limerick, PA 19468  
(610) 831-0277

### Clearances and Background Checks

Applicant must be able to pass:

- FBI Clearance\*
- State Police Criminal Record Clearance\*
- Child Abuse Clearance\*
- Drug Test

If you cannot pass all four clearances, **STOP**. Do not fill out the application.

\*Applicant pays for three clearances.  
Echelon will pay for the drug test.

### Submission of Application

Save completed application as a PDF and email to [Jobs@epsagents.com](mailto:Jobs@epsagents.com) along with your resume.



PROTECTION & SURVEILLANCE

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### Applicant Information

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

Address: \_\_\_\_\_  
*Street Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?		
Have you ever been arrested:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?		

Do you have an illness or injury which would prevent you from performing required security duties?

Please list here: \_\_\_\_\_

How were you referred to Echelon for employment?

Echelon employee? Name: \_\_\_\_\_  
Other: \_\_\_\_\_

Circle those that apply  
Linked-In Zip-Recruiter  
Indeed EPS website

### Education

High School: _____	Address: _____			
From: _____ to _____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree: _____
College: _____	Address: _____			
From: _____ to _____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree: _____
Other: _____	Address: _____			
From: _____ to _____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree: _____

## Professional References

Please list three professional references

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

## Military Service or Law Enforcement Experience

Branch or Police Department: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Rank \_\_\_\_\_ Phone: \_\_\_\_\_

## Additional Information

How many hours per week can you work? \_\_\_\_\_ hours

Full-time? Yes  No  Part-time? Yes  No

Can you work overnights (5p - 5a)? Yes  No