



**APPLICATION FOR EMPLOYMENT
MUST BE COMPLETED AND SIGNED EVEN IF
ATTACHING A PERSONAL RESUME**

AN EQUAL OPPORTUNITY EMPLOYER

ECS is an affirmative action employer and is committed to equal employment opportunity regardless of race, color, religion, sex, Vietnam era Veteran status, age, national origin, disability, marital status, or sexual orientation. We also seek ways in which positive actions can help to reinforce this commitment. In recruiting hiring, and promoting personnel, qualifications for the position being filled continue to be the determining factor. Compensation, benefits, transfers, layoffs, and training practices are guided by the companys Equal Employment Opportunity Policy.

PERSONAL DATA

Name: Name:First,,Middle Initial and Last		Social Security Number	Other names under which you have been employed or attended school:
<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>
Address: Street and Number City		Drivers License Number	
<input type="text"/>		Driving Offences	
State Zip/Postal Code and Country		<input type="text"/>	
<input type="text"/>			
Home Phone Number			Email Address
<input type="text"/>			<input type="text"/>
Business Phone Number and Extension			
<input type="text"/>			

SECURITY

If under age of 18, do you have a work permit?	Social Security Number:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		
Can you, upon employment, furnish documents in original form, which prove your identity and that you have the legal right to work in the U.S.?			
<input type="radio"/> Yes <input type="radio"/> No			
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify applicant from consideration for employment.)	If yes, please give details:		
<input type="radio"/> Yes <input type="radio"/> No	Offense	Date	Disposition of Case
	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYMENT INTEREST

Type of Position Desired:	Date Available:		
<input type="text"/>	<input type="text"/>		
<input type="radio"/> Full-Time	<input type="radio"/> Part-Time	<input type="radio"/> Summer Intern	<input type="radio"/> Temporary

EDUCATION AND TRAINING

Name and Location of College/University/High School (List in order of highest degree attained.):

Major/Degree Obtained:

Additional education, vocational and/or professional information:

Please list any equipment you are qualified to operate (e.g. word processor, test equipment) with words per minute where appropriate:

EMPLOYMENT HISTORY

Account for at least the last ten years of employment, if applicable. List present or most recent employers first. List additional employers in next table. If you worked as a consultant or a temporary worker through an agency, please indicate the name of the agency.

Employer:

Employment Dates:

From:

To:

Address: (Street Number and Name, City, State, Country, Zip/Postal Code)

Phone Number:

Job Title:

Supervisor's Name:

Beginning Salary:

Ending Salary:

Description of duties:

Reason for leaving

Employer:

Employment Dates:

From:

To:

Address: (Street Number and Name, City, State, Country, Zip/Postal Code)	Phone Number:
<input type="text"/>	<input type="text"/>
Job Title:	Supervisor's Name:
<input type="text"/>	<input type="text"/>
Beginning Salary:	Ending Salary:
<input type="text"/>	<input type="text"/>

Duties

Reason for leaving:

Account for time between jobs:

Employer:	Employment Dates:
<input type="text"/>	From: <input type="text"/> To: <input type="text"/>

Address: (Street Number and Name, City, State, Country, Zip/Postal Code)	Phone Number:
<input type="text"/>	<input type="text"/>
Job Title:	Supervisor's Name:
<input type="text"/>	<input type="text"/>
Beginning Salary:	Ending Salary:
<input type="text"/>	<input type="text"/>
Reason for leaving	
<input type="text"/>	

REFERENCES

List three business or professional references that we may contact.

May we contact your present employer?

Yes No

Name:	How Known?	Phone Number/E-mail Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name: <input type="text"/>	How Known? <input type="text"/>	Phone Number/E-mail Address: <input type="text"/>
Name: <input type="text"/>	How Known? <input type="text"/>	Phone Number/E-mail Address: <input type="text"/>

U.S. MILITARY SERVICE (U.S. Applicants)	
Indicate branch in which you served <input type="text"/>	
Duties and training during service <input type="text"/>	

Rank at Discharge <input type="text"/>

APPLICANT'S STATEMENT

I certify that the information provided in this application is accurate. I understand that the withholding of information or the giving of false information on this application or my resume will result in a refusal to hire or in disciplinary action up to and including the termination of my employment.

I hereby grant permission to any person, firm or corporation to release to the Company or its representative any and all information regarding my past work or employment and my background. I waive any and all claims I might have with respect to the providing of such information.

I understand and agree that if I am offered employment by the Company, it will be for an indefinite term and on an at-will basis. This means that either I or the Company may terminate the employment relationship at any time, with or without cause. I understand that this "at-will" relationship may be changed only by a written agreement entered into for this purpose and signed by the Company's President. I also understand that other terms and conditions of my employment will be governed by various policies and programs of the Company, in writing and otherwise, and that those policies and programs may be changed from time to time by the Company at its discretion without affecting the "at will" nature of employment.

If I am offered employment, I agree that on or before my hire date, I will provide original documents to ECS which verify my identity and right to work under the Immigration Reform and Control Act of 1986 ("IRCA"). I also agree that ECS may provide photocopies of the form on which my identity and right to work is verified (the "I-9 Form") and any supporting documentation submitted by me to any person who, in connection with effecting compliance with IRCA, has a legitimate interest in the information contained therein.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.

Signature _____

Date

DISCLOSURE AND RELEASE FORM

Please be advised that as part of ECS's employment process, the Company may obtain investigation reports about you in connection with your application for employment.

Investigation reports may include, but are not limited to, verification of education, past employment, criminal background reports, motor vehicle driving records, reference checks, civil suit records, and/or investigations into theft, fraud, harassment and workplace violence. This information may be obtained from personal interviews with your professional and personal acquaintances. You have the right to request in writing, within a reasonable period of time, a complete disclosure of the nature and scope of an investigation involving such personal interviews.

You should be aware that any information about you obtained pursuant to investigation is confidential. Any such information will be used solely for employment related considerations and not for any other purpose.

Authorization

I, , have read and understand the above disclosure and hereby authorize ECS or its agent(s), to obtain any background investigation reports on me in connection with my application for employment.

I understand that such investigation reports may include information about my professional experience, educational background, criminal record, character, and general reputation.

I grant permission to any person or entity to release to ECS or its agent(s) any and all information regarding my background. I waive any and all claims I may have with respect to providing such information.

I understand and agree that ECS and its agent(s) are not responsible for the accuracy or completeness of the information contained in such reports. I release ECS and its agent(s) from all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by ECS and its agent(s).

I understand that this authorization is not an offer of employment by ECS and that any false or misleading information I have provided to ECS may result in a refusal to hire, promote, reassign, or continue employment.

I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform ECS, in writing, that I revoke this authorization. ECS equipment is to be used in the line of business use only. All equipment is to be returned in the same condition as received. The damage cost may be subtracted from the employee's pay check. Also, fuel cards and credit cards are for business use only, without exception. ECS will prosecute any unauthorized use.

Date:

Name of Applicant (please print)

Signature of Applicant