

## APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. Incomplete applications will be rejected. Include any supplemental information, which you feel would be helpful in the consideration of your requirements. Ecola Services, Inc. is an equal opportunity employer committed to a policy of nondiscrimination with respect to race, color, religion, sex, national origin, age, citizenship, disability, and any other basis of discrimination prohibited by federal, state, or local law.

### GENERAL INFORMATION

Date of Application: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Home Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

Are you eligible/authorized to work in the United States? **Yes or No**

Have you ever been known to any employer, school, or reference by another name? **Yes or No**  
If yes, indicate what name.

Are you 18 years old or older? **Yes or No**

How did you learn about this position? **Ad Relative Employee Internet Walk-in Other**

If other, please describe. \_\_\_\_\_

If employee referral, by whom? \_\_\_\_\_

### POSITION INFORMATION

Position desired \_\_\_\_\_ Salary/Wage Expected \_\_\_\_\_

Applying for **Full-time Part-time Seasonal**

Please specify days and hours available for work (inability to work certain days/hours will not necessarily disqualify you from employment).

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Would you travel? **Yes or No**

Would you relocate? **Yes or No**

If hired, when can you start work? \_\_\_\_\_

Are you currently on layoff status or suspension of employment and subject to recall with another employer? **Yes or No**

If yes, provide details. \_\_\_\_\_

# EMPLOYMENT RECORD

(List all employment experience starting with the most recent or present employer. Explain any lapse of time not accounted for. Attach additional sheets if necessary. Resumes may not be submitted in place of completing this employment record.)

May we contact your current employer?

Yes or No

Employer

From

To

Your Responsibilities

Address

Name & Title of Supervisor

Phone Number

Reason For Leaving

Employer

From

To

Your Responsibilities

Address

Name & Title of Supervisor

Phone Number

Reason For Leaving

Employer

From

To

Your Responsibilities

Address

Name & Title of Supervisor

Phone Number

Reason For Leaving \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

List individuals who can attest to your professional abilities/work accomplishments. (Do not list relatives, religious references, or individuals listed above.)

Name and Position	Company	Business Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EDUCATION**

High School Name \_\_\_\_\_  
Address \_\_\_\_\_

Number of Years Completed \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Course of Study \_\_\_\_\_

College/Trade School Name \_\_\_\_\_  
Address \_\_\_\_\_

Number of Years Completed \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Course of Study \_\_\_\_\_

G.P.A. \_\_\_\_\_ Degree Received \_\_\_\_\_

Did you enroll in a post-graduate course of education? \_\_\_\_\_ Degree Received \_\_\_\_\_

What was your post-graduate field of study? \_\_\_\_\_

**SKILLS**

Indicate experience and skills in any of the following: (as applicable for the position for which you are applying)

Computer Software (state type and number of years' experience) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Equipment (state type and number of years' experience) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typing (WPM) \_\_\_\_\_ Data Entry (KPH) \_\_\_\_\_

Professional or Technical Licenses \_\_\_\_\_

Foreign Languages Fluent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

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Other Skills \_\_\_\_\_

Have you ever been bonded? **Yes or No** If yes, list when and for what employers: \_\_\_\_\_

**MEMBERSHIPS**

List Business, Trade, Professional Community or Activity Memberships and any offices you may have held. (Exclude any organizations where the name and character of which would reveal race, religion, national origin or any other protected status). \_\_\_\_\_

**MILITARY SERVICE**

Were you a member of the U.S. Armed Forces? **Yes or No** Branch \_\_\_\_\_

Describe briefly your military duties: \_\_\_\_\_

Years served: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

1. During the past five years, have you ever been discharged, suspended, or asked to resign for any reason from any position? (A yes answer is not an automatic bar to employment; all circumstances will be considered.) **Yes or No**

If yes, please explain. \_\_\_\_\_

**DRIVING INFORMATION**

Is your driver's license currently suspended, expired, or revoked? **Yes or No**

Have you had your driver's license suspended within the last 36 months for any reason? **Yes or No**

Have you had any auto accidents or moving violations within the last 36 months? **Yes or No**

If yes, please explain \_\_\_\_\_

Have you had your auto insurance canceled for any reason within the last 36 months? If yes, please explain. **Yes or No**

Driver's License Number, State, and expiration date: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING.**

I hereby certify that the facts set forth in this employment application (and accompanying resume, if any) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation of information or failure to disclose information during the employment application process may disqualify me from further consideration for employment, and if employed, will subject me to dismissal.

If I am offered employment, I understand I may be required to submit to a physical examination designed to determine whether I am able, with or without reasonable accommodation, to perform the essential functions of the job offered, as specified by the Company, and that acceptance for employment is subject to me successfully passing this examination. I further understand that if I am offered employment, it is conditioned upon my successful completion of a drug screen. I hereby give my consent to Ecola Services, Inc., its doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by Ecola Services, Inc., to perform any such physical examination and/or drug screen.

I understand that, if I am offered and accept the position, I may be required to submit to some or all of the following screening steps, depending on position applied for: motor vehicle check, reference check, Job offer contingent criminal background check, personal reference check, and/or other pre-employment test, background check or inquiry. I authorize the use of any information in this application to verify my statements. I further authorize any and all past employers, references, and/or other persons to provide the Company with any and all information regarding my previous employment and/or other background information they may have, personal or otherwise, and hereby release the Company and its agents, any previous employers, references, and/or other persons involved in such an investigation or inquiry from all liability of any kind, including any damages on account of furnishing such an investigation or inquiry from all liability of any kind, including damages on account of furnishing such information. In the event I claim to have any disability which may affect my ability to take a test, I will inform Ecola Services, Inc. of the disability and any requested accommodation prior to administration of the test.

If employed, I agree to conform to all Company rules and regulations. In this regard, I understand that the Company may, at its discretion, conduct searches of lockers, lunch boxes, clothing, purses, briefcases, vehicles, desks, work areas, and other personal or Company property, and I hereby consent to any such search. I also understand and agree that if employed, my employment is for an indefinite period of time, and that either I or the Company may terminate my employment at will at any time, with or without cause or notice. Further, I understand that any Company policies and procedures, which are issued, do not represent any contractual or other binding obligation(s) of the Company, and that the Company may revise such policies at any time in its sole discretion. I hereby disclaim the existence of any contract of employment, either express or implied.

I understand this application is current for sixty (60) days. If I have not heard from the Company within that time and still wish to be considered for employment, I understand that it will be necessary for me to submit a new application.

This agreement contains and represents the entire agreement between Ecola Services, Inc. and me concerning the topics discussed herein. There are no oral or collateral agreements of any kind concerning such topics. I further understand and agree that this Agreement cannot be orally modified and that any subsequent modification of this Agreement, including the at-will status of my employment, must be in writing and duly executed by the Company President or his/her designee.

**My signature below is conclusive evidence that I have read and agree with the above statements.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Ecola Services, Inc. Use Only**

Interviewer Name and Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

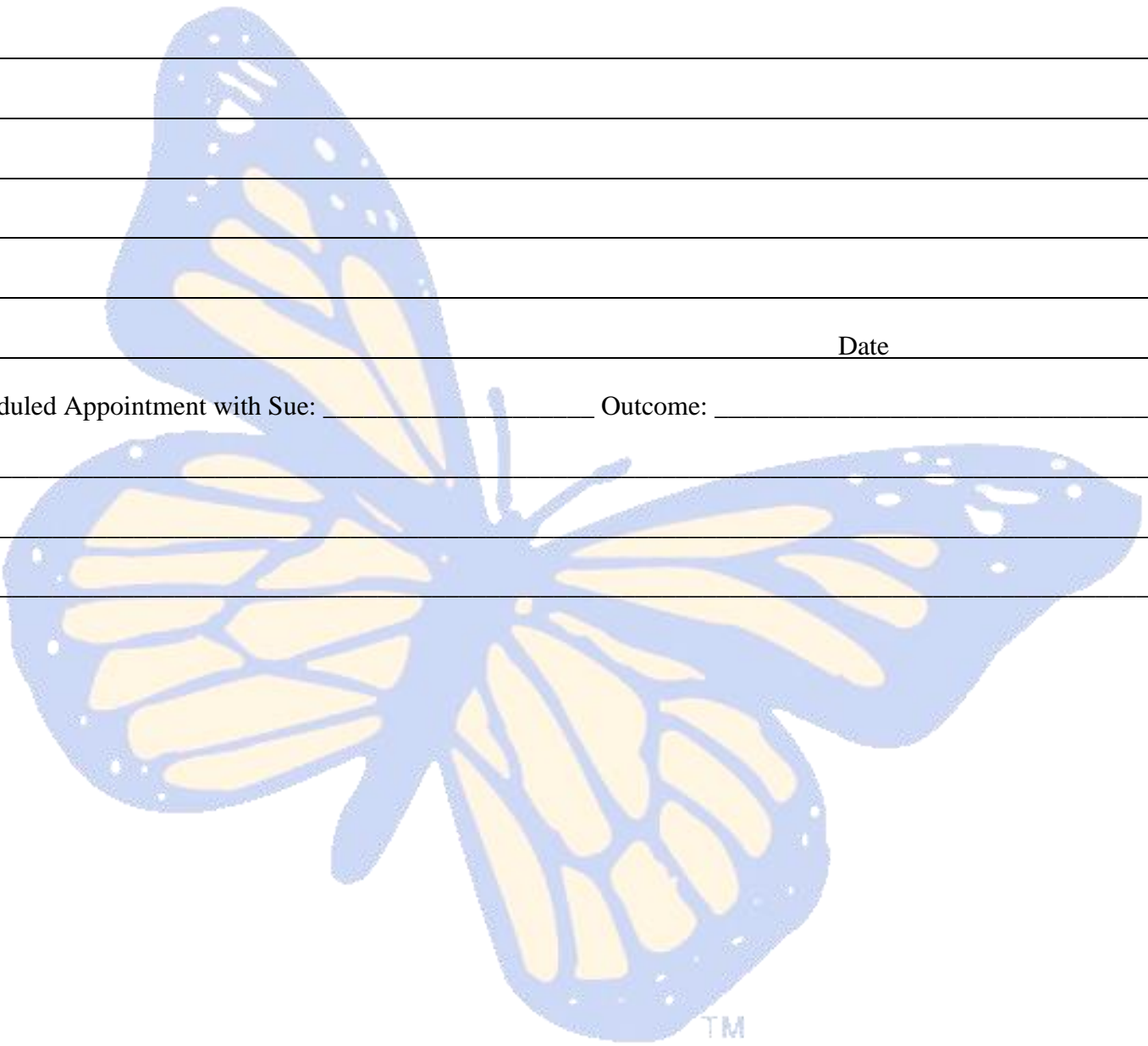
Date

Scheduled Appointment with Sue: \_\_\_\_\_ Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Position \_\_\_\_\_ Start Date \_\_\_\_\_ Pay Rate \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Date expected to be on own: \_\_\_\_\_ . Approved By: \_\_\_\_\_