



P.O. Box 570
Adkins, Texas 78101
Office: (210) 649-2383
Fax: (210) 649-1462
Email to: Tina@ecsud.com

Application for Employment				
PERSONAL INFORMATION				
First Name		Middle		Last Name
Home Address		City		State Zip
Phone Number			E-Mail Address	
Referred By		Driver's License Number & State		Are you 18 or older?
Do you have any physical limitations that would affect your ability to perform the tasks required for your job, if hired? If yes, please explain				
EMPLOYMENT DESIRED				
Position		Available Start Date		Salary Desired
Employment Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary				
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No				When?
PERSONAL REFERENCES				
Name		Phone Number		Years Known Relationship (No Relatives)
Name		Phone Number		Years Known Relationship (No Relatives)
Name		Phone Number		Years Known Relationship (No Relatives)
EDUCATION				
High School	City, State	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, do you have GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Certificate
College/University	City, State	Yes <input type="checkbox"/> No <input type="checkbox"/> Hours _____	Major/Minor	
Graduate School	City, State	Yes <input type="checkbox"/> No <input type="checkbox"/> Hours _____		
Vocational/Technical	City, State	Yes <input type="checkbox"/> No <input type="checkbox"/> Hours _____		

JOB RELATED SKILLS (Computer, licenses. etc.)				
PREVIOUS EMPLOYMENT				
Please complete the information from your current and/or past employers. Please list three if applicable.				
Company Name		Position		Supervisor
Address			Phone Number	
Duties & Responsibilities			May we contact this employer?	
Start Date (Month & Year)	End Date (Month & Year)	Currently Employed?	Salary Upon Leaving	Reason for Leaving

Company Name		Position		Supervisor
Address			Phone Number	
Duties & Responsibilities			May we contact this employer?	
Start Date (Month & Year)	End Date (Month & Year)	Currently Employed?	Salary Upon Leaving	Reason for Leaving

Company Name		Position		Supervisor
Address			Phone Number	
Duties & Responsibilities			May we contact this employer?	
Start Date (Month & Year)	End Date (Month & Year)	Currently Employed?	Salary Upon Leaving	Reason for Leaving

SECURITY

Have you ever been convicted of a Class A or Class B Misdemeanor or Felony Charge or subjected to a Deferred Adjudication on such a charge? **Yes** ☐ **No** ☐ If your answer is yes, explain in detail. Include the dates and nature of the offense, name and location of the court, and the disposition of the case.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this employment application are true and complete. I understand that, if employed, a falsified statement, whether intentional or unintentional, on this application shall be considered sufficient cause for dismissal if discovered within two years of hire date. I further understand and agree that, if employed, the employment will be "at will". That is, either I or the Company may end the employment relationship at any time or for any reason or for no reason. Also, I understand that no representative or the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing. You are hereby authorized to make any investigation of my personal history. I certify that I have no objections to the following conditions concerning my employment:

1. Available for overtime when scheduled.
2. Submitting to a physical and/or drug examination when requested by the Company.
3. Returning all Company issued items at the time of termination.
4. Abiding by the rules and regulations of the Company.
5. Available to work any shift, any department, or any job when assigned by the Company at the prevailing rate at that time.
6. Did you complete this application by yourself? ☐ Yes ☐ No

Signature of Applicant

Date