



P.O. Box 570
 Adkins, Texas 78101
 Office: (210) 649-2383
 Fax: (210) 649-1462
customerservice@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.)

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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