



# APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without regard to race, color, sex, religion, age, national, origin, disability, veteran or marital status.

## Personal Information

Full legal last name		Full legal first name		Middle	Date		
Street address					Home phone (     )		
City, County, State, Zip					Cell Phone (     )		
Have you ever applied for employment with us ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month/Year _____		Position desired		Social Security Number -     -			
Driver's License #		Tag #		Pay expected (MUST FILL IN)			
Are you physically able to perform the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No							
When will you be available to begin work?					Are you available to work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally authorized to work in this country/USA? <input type="checkbox"/> Citizen <input type="checkbox"/> Green Card Holder <input type="checkbox"/> US work permit/Visa <input type="checkbox"/> Permanent Resident					Are you 17 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony or act of dishonesty, breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks and other related crimes within the last five (5) years?* If yes, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>*Conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each conviction will be considered with respect to time, job relatedness and other relevant factors.</i>							

Do you have other special training or skills (languages, machine operation, etc.)? Please explain

Who were you referred by?:  
 Newspaper    Truck    Employee \_\_\_\_\_    Internet    Other \_\_\_\_\_

Days Available		Sun	Mon	Tue	Wed	Thur	Fri	Sat	Tot.hrs.
Hours Available	From								
	To								

PLEASE WRITE IN ABOVE THE HOURS YOU ARE AVAILABLE TO START AND END THE DAY

## Education

School	Name and Location	Course of Study	# of years completed	Did you Graduate?	Degree or diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

# ECM Application for Employment

## Employment History *Please complete the following up to five years or more. If more employment history, use next page.*

<b>1</b> Company Name and Mailing Address		Phone (      )
Job Title	Name of Supervisor	Employed (Month and Year) From                      To
Describe your work		Weekly Pay Start                      End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving
<b>2</b> Company Name and Mailing Address		Phone (      )
Job Title	Name of Supervisor	Employed (Month and Year) From                      To
Describe your work		Weekly Pay Start                      End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving
<b>3</b> Company Name and Mailing Address		Phone (      )
Job Title	Name of Supervisor	Employed (Month and Year) From                      To
Describe your work		Weekly Pay Start                      End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving

## Applicant's Signature (please read and sign below)

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, mis-statement or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment.

I authorize the references listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing the same to you.

I acknowledge that employment may be conditional upon successful completion of a Substance Abuse screening test as a part of the Company's pre-employment policy.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason and ECM retains the same rights. No ECM representative has the authority to make any contrary agreement.

I understand it is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and/or civil liabilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

# ECM Application for Employment

<b>Employment History (continued)</b>		
<b>4</b> Company name and mailing address		Phone (       )
Job Title	Name of Supervisor	Employed (Month and Year) From                      To
Describe your work		Weekly Pay Start                      End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving
<b>5</b> Company Name and Mailing Address		Phone (       )
Job Title	Name of Supervisor	Employed (Month and Year) From                      To
Describe your work		Weekly Pay Start                      End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving
<b>6</b> Company Name and Mailing Address		Phone (       )
Job Title	Name of Supervisor	Employed (Month and Year) From                      To
Describe your work		Weekly Pay Start                      End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving
<b>7</b> Company name and mailing address		Phone (       )
Job Title	Name of Supervisor	Employed (Month and Year) From                      To
Describe your work		Weekly Pay Start                      End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving

<b>Professional References</b>		
Please list THREE professional references: (current/previous managers, supervisors and/or co-workers)		
NAME	COMPANY	PHONE # /EMAIL
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Please verify if you do not want us to contact your current employer. All references will be checked before offer of employment is issued.		

**Employment Verification** — For official use only

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The individual referred to below has listed your company as a former employer. We would appreciate your verifying and completing the information below and faxing it back to us as soon as possible. Any information given will be held in the strictest confidence.

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

Social Security #: \_\_\_\_\_

Position: \_\_\_\_\_

Employment dates: From \_\_\_\_\_ to \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Candidate sign here**

I, \_\_\_\_\_, hereby authorize the company or person to whom the letter is addressed to furnish ECM with any and all information requested on the form regarding my employment. I furthermore release said company or person from all liability for any damage whatsoever which may be incurred in furnishing such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Background Check — Prior to employment

**GENERAL NOTICE OF INTENT TO OBTAIN  
REPORT UNDER THE FAIR CREDIT REPORTING ACT (FCRA)  
AND APPLICANT AND/OR EMPLOYEE'S AUTHORIZATION TO OBTAIN  
CONSUMER REPORT UNDER FCRA**

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS**

You are hereby notified that **EAST COAST MECHANICAL, INC.**, (the "company") will request a consumer report from a consumer reporting agency on you, which report will include a Motor Vehicle Report, to be used for the purpose of the underwriting of insurance. This report can be done at any time prior to or during your employment.

**AUTHORIZATION TO OBTAIN CONSUMER REPORTS**

*(Please read carefully)*

I authorize the Company to conduct a background check on my driving record and to obtain Department of Motor Vehicle Report(s), which I authorize the Company to obtain from a consumer reporting agency at any time prior to or during my employment. I authorize such lease of information from any agency or business to the Company and I release them from any legal liability in providing any information. A copy of this authorization will serve as a valid document.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name (first, middle, last)  
Former Names (i.e., maiden, etc.)

\_\_\_\_\_  
Social Security Number D.O.B.

\_\_\_\_\_  
Driver License Number, Type and State(s) of Issue

\_\_\_\_\_  
Complete address

**EMPLOYER TO MAINTAIN ORIGINAL AND PROVIDE SIGNED COPY TO APPLICANT/EMPLOYEE AND TO INSURER/AGENT.**

## Application for Employment

### *CONVICTION RECORD*

(Conviction of a violation of law or ordinance is not necessarily a bar to employment)

Were you ever convicted of a violation of any law or ordinance in this state or elsewhere?  
(Convictions for juvenile delinquency, youthful offender or wayward minor need not be reported. Traffic violations must be included.)

YES

NO

If Yes, explain each conviction, setting forth the date, charge, court and action taken:

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### **CERTIFICATION**

I hereby certify that all the facts set forth above are true, complete and correct to the best of my knowledge and belief. I understand that all information shall be subject to investigation and that false information will be grounds for non-employment or for dismissal after employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**This information and any document received by the Corporation as part of a background criminal record investigation are strictly confidential and shall not be available for copying or inspection, except as expressly provided by law.**

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal Immigration laws require me to complete an I-9 Form in this regard.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_