APPLICATION FOR EMPLOYMENT

DATE:_____/_____/_____

VARIOUS FEDERAL, STATE, AND LOCAL LAWS PROHIBIT DISCRIMIMATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE DISABILITY OR MARITAL STATUS. EC&M IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.

PERSONAL INFORMATION (please print)

Name:_____ S.S. #_____
(LAST) (FIRST) (MIDDLE)

_____
Home Address: (CITY) (STATE) (ZIP)

(____)_____ (____)_____ May we contact you at work? Yes No
(HOME PHONE) (WORK PHONE)

Position Applying For:_____ Date Available:_____ Wages Desired:_____

Are you interested in (circle all that apply): Full-time Part-time Temporary Summer

Are you willing to relocate? Yes No Are you willing to travel? Yes No What percentage? _____%

If you are under 18 years of age, please state your date of birth_____ (No one under age 16 may be hired)

How were you referred to ELECTRICAL CONTROLS & MAINTENANCE, INC. _____

_____

EDUCATION

Type of School	Name and location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	NAME ADDRESS _____ CITY STATE ZIP			Yes No
College	NAME ADDRESS _____ CITY STATE ZIP			Yes No
Graduate School	NAME ADDRESS _____ CITY STATE ZIP			Yes No
Other	NAME ADDRESS _____ CITY STATE ZIP			Yes No

U.S. MILITARY SERVICE

Branch of Service:_____ Technical Specialization:_____

Rank Attained:_____

Are you a U.S. citizen? Yes No If no, do you have a legal right and necessary documents to work in the U.S.? Yes No
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986).

Were you ever discharged by any company? Yes No If yes, give name of company(ies)_____

Reason for discharge_____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, please explain offense and final disposition:_____

(CONTINUED ON BACK)

EMPLOYMENT HISTORY

List employment starting with your most **recent** position. Account for any time during this period that you were unemployed by stating the nature of your activities. **May we contact your present employer? Yes No Past employer? Yes No** Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY or WAGES	REASON FOR LEAVING
From:	Name	Your Job Title		Starting	
To:	Address City State	Supervisor		Final	
	Phone ( )				
From:	Name	Your Job Title		Starting	
To:	Address City State	Supervisor		Final	
	Phone ( )				
From:	Name	Your Job Title		Starting	
To:	Address City State	Supervisor		Final	
	Phone ( )				
From:	Name	Your Job Title		Starting	
To:	Address City State	Supervisor		Final	
	Phone ( )				

REFERENCES: Business references, do not list relatives. Please indicate if you were employed under a different name.

Name	Address	Work Phone #	Title	Years known

Please Read Carefully

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Electrical Controls & Maintenance Inc. and/or a 3rd party company upon request and I release anyone so authorized, Electrical Controls & Maintenance Inc., and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining or using said information. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Electrical Controls & Maintenance Inc. I understand that increased use of alcohol and drugs in the workplace has become an extremely serious problem Electrical Controls & Maintenance Inc. is committed to reducing the problems connected with drug and alcohol use in the workplace. All applicants for employment will be required to take and pass a drug screen as a condition for employment, Employees will be subject to screening on a random basis regardless of other screens. I understand and agree that if employed, the employment will be "at will." That is, either I or Electrical Controls & Maintenance, Inc may end the employment relationship at any time, for any reason. I understand that receipt of this application by Electrical Controls & Maintenance, Inc. does not imply employment, and that this application and/or any other Electrical Controls & Maintenance, Inc. documents are not contracts of employment.

APPLICANT'S SIGNATURE:_____ DATE SIGNED:_____