



Application for Employment

(Please print clearly)

HR Use Only	
Applicant No:	_____
Interview Date:	_____
Employee No:	_____
Date Employed:	_____

EchoData Services, Inc. is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal and local Equal Opportunity laws.

Documents Received	
<input type="checkbox"/>	Resume
<input type="checkbox"/>	Reference Checks
<input type="checkbox"/>	Interview Record
<input type="checkbox"/>	Background Check
<input type="checkbox"/>	Drug Test Results

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Do you have the legal right to work in the United States? YES (Proof required) NO Social Security No. _____

Have you ever been convicted of a misdemeanor or felony (any offense other than a minor traffic violation)? YES NO

If yes, please use the space at the bottom of this page to list the date and circumstances of conviction.

Company Experience

Have you worked for this company before? YES NO From: _____ To: _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

General

Are you currently employed? YES NO If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Pool Seasonal

Who referred you _____ Rate of pay expected _____

Additional explanations _____

Education

Type of School	Name and City	Course/Major	Diploma/Degree
Graduate			
College			
Technical School			
High School			

List All Present and Past Employment Beginning With Most Recent

Employer Name	Dates Worked			Duties/Responsibilities
	From	To		
Address				
City, State, Zip	Position(s) Held			
Telephone Number ()	Reason for Leaving			
Name of Supervisor	Starting Wage \$	Ending Wage \$	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Dates Worked			Duties/Responsibilities
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Employer Name	Dates Worked			Duties/Responsibilities
	From	To		
Address				
City, State, Zip	Position(s) Held			
Telephone Number ()	Reason for Leaving			
Name of Supervisor	Starting Wage \$	Ending Wage \$	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal and Work References
Please list two personal references and two work references
(Do Not Include Family)

Personal Reference 1	Years Known	Relationship
Address		Telephone Number ()

Personal Reference 2	Years Known	Relationship
Address		Telephone Number ()

Work Reference 1	Years Known	Relationship and Title
Address		Telephone Number ()

Work Reference 2	Years Known	Relationship and Title
Address		Telephone Number ()

Disclaimer and Signature

I agree that EchoData Services, Inc. may terminate my employment at any time without liability for wages or salary except such as may have been earned at the date of such termination.

I agree to conform to the rules and regulations, policies and procedures of EchoData Services, Inc. No employee or representative of EchoData Services, Inc., other than the President, is authorized to make representations or enter into agreements to the contrary. I understand that neither the completion of this application nor any other company documents related to any employment application establishes a contract of employment or an obligation by EchoData Services, Inc. to hire me.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

It is my understanding that EchoData Services, Inc. will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize the investigation of all matters concerning my employment. I agree to release EchoData Services, Inc. as well as any parties from whom information is obtained from any liability whatsoever resulting from the investigation or release of such information. I understand that falsification of data given by me or derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal. Any material misrepresentation or deliberate omission of facts requested on this application is cause for denial of employment or dismissal. It is my further understanding that EchoData Services, Inc. may require me to undergo drug and alcohol screening prior to finalizing my employment.

I certify that I have read and understand the notice above, and that all of my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____