



APPLICATION FOR AT-WILL EMPLOYMENT

This application is intended to provide information necessary to evaluate suitability for employment. It is the policy of ECSC, LLC to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, ancestry, national origin, gender, sexual orientation, marital status, civil union or domestic partnership status, religion, creed, age, disability, gender identity and/or expression, results of genetic testing, veteran status, citizenship, or any other status or characteristic protected under applicable federal, state, or local laws. It is also the policy of ECSC, LLC to have the option of conducting pre-employment screening and or testing before a Conditional Offer of Employment is made.

Basic Information				
First Name:	Middle Initial	Last Name:		SS# xxx-xx-
Current Address	City	State	Zip Code	Apt / Lot #
Home Phone	Cell Phone		Email Address	
Employment Desired				
Position Applying For:	Are you able to perform the essential functions of the Job you are applying for with or without accommodations <input type="checkbox"/> YES <input type="checkbox"/> NO			
When are you available to work?	<input type="checkbox"/> Days	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime
Employment desired?	<input type="checkbox"/> Full Time Only	<input type="checkbox"/> Part Time Only		
Desired Salary?		Date you can start?		
Personal Information				
Are you at least 18 years old and authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a current Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers License State:		
Drivers License Number:		Expiration Date:		
Have you had any accidents during the past three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	How many:	
Have you had any moving violations withing the last 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	How many:	
How did you hear about this job?		ECSC, LLC Employee:		
Have you been convicted of or pled guilty to a felony within the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the number of conviction(s) and nature of offense(s)				
Are you currently on probation? Yes No				
Education				
High School	Location	Years Completed	Degree	
College	Location	Years Completed	Degree	
Vocation / Trade School	Location	Years Completed	Degree	
License / Certificate	Location	Years Completed	Degree	
Military Service				
Have you ever been in the Armed Forces or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what branch?		Dates of Service: _____ to _____		

Employment History - Please list your work experience for the past 5 years beginning with most current job.
If you were self employed, give a firm name.

Most Recent Employer:	City:	State:	
Position:	Start Date:	End Date:	Pay Rate:
Job duties:			
Reason for leaving:			
Employer:	City:	State:	
Position:	Start Date:	End Date:	Pay Rate:
Job duties:			
Reason for leaving:			
Employer:	City:	State:	
Position:	Start Date:	End Date:	Pay Rate:
Job duties:			
Reason for leaving:			
Employer:	City:	State:	
Position:	Start Date:	End Date:	Pay Rate:
Job duties:			
Reason for leaving:			

May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete this application yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, who did?		
Skills		
Do you have construction experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you run an excavator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you run a dozer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you run a motor grader?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you shoot elevation grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you drive a lowboy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you drive a dump truck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have computer experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Statement and Agreement

I certify that the facts and information on this application are true and complete to the best of my knowledge. A misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination and understand that any falsification, of employment, regardless of when or how discovered.

I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release ECSC, LLC from all liability that might result from making the investigation.

If I am offered and accept a position with ECSC, LLC I agree to conform to all existing and future Company policies, procedures, rules, and regulations. I understand that my failure to comply with Company policies, and procedures will result in disciplinary action, up to and including dismissal.

I understand that if ECSC, LLC hires me, my employment will be at-will, meaning that either ECSC, LLC or I can end the employment relationship at any time and for any or no reason.

I understand that any employment is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

I consent to be contacted via SMS/Text/Email in relation to my application.

I acknowledge that I have read and understand the above Statement of Agreement and Understanding.

Applicant's First Name, Middle Initial, Last Name, (PRINT): _____

Applicant's Signature: _____ Date: _____

Applicant Log

ECSC, LLC is an Equal Opportunity Employer. The Federal Government requires us to monitor and be able to produce data pertaining to the sex, ethnic background, citizenship and veteran status of our job applicants.

Completing the following Applicant Log information is voluntary. It will be removed from the Application and not forwarded to any employing department or to any Placement Specialists reviewing your application. In keeping with company's status as an Equal Opportunity Employer, this information will not be used in making any decision affecting hiring or any personnel action following employment. If you prefer not to complete any section of this form you may leave it blank.

Should you accept an employment offer, you are then required to provide the requested birth date, sex, ethnic and citizenship information.

Basic Information

First Name	Middle	Last
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Social Security Number	Date of Birth
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Citizenship	Ethnic Background	Sex
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Male
<input type="checkbox"/> Resident Foreign National An alien who has been admitted for permanent residence (must have Alien Registrations Receipt Card, Form I-551)	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Female
<input type="checkbox"/> Non- Resident Foreign National	<input type="checkbox"/> Black (not Hispanic)	
	<input type="checkbox"/> Hispanic	
	<input type="checkbox"/> White (not Hispanic)	

Veteran Status

Are you a protected veteran

Who is a protected Veteran?
 You are a "protected veteran" under VEVRAA if you belong to one of the categories of veterans described below:
 A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, or was discharged for a service connected disability, or who was discharged and released within 48 months preceding his application for employment under the Act".

This Application is in Reponses to (please specify one)

<input type="checkbox"/> Personal Referral	<input type="checkbox"/> Other
<input type="checkbox"/> Radio	
<input type="checkbox"/> Television	
<input type="checkbox"/> Job Board	

Voluntary Self-Identification of Disability

Name

Date

ECSC, LLC is required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

Autism	Deaf or hard of hearing	Missing limbs or partially missing limbs
Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS	Depression or anxiety	Nervous system, condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
Blind or low vision	Diabetes	Psychiatric condition, for example bipolar disorder, schizophrenia, PTSD, or major depression
Cancer	Epilepsy	
Cardiovascular or heart disease	Gastrointestinal disorders. For example, Crohn's Disease, or irritable bowel syndrome	
Celiac Disease	Intellectual disability	
Cerebral palsy		

Please check one of the boxes below

- Yes, I have a disability, or have a history/record of having a disability
- No, I don't have a disability, or a history/record of having a disability
- I don't wish to answer