

# Employee Connections, Inc. / EC Staffing, Inc. — Employment Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Telephone \_\_\_\_\_ Social Security \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Are you currently employed?  Yes  No

Are you a U.S. Citizen?  Yes  No Are you at least 18 years old?  Yes  No Are you a smoker?  Yes  No Do you have reliable transportation?  Yes  No Minimum Hourly Salary Required: \_\_\_\_\_  
 Have you ever been convicted of any law violation other than traffic violations?  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Change \_\_\_\_\_ Disposition \_\_\_\_\_  
 In case of emergency, notify: \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

### EDUCATION / TRAINING SUMMARY

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where?	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where?	Major Studies / Subject	Languages? (other than English)
College Education / Graduate School	Dates		Degree / Certificate
Apprentice / Vocational / Technical / Special	Dates	Skills / Trade / License	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No

### EMPLOYMENT HISTORY

WORK RECORD	EMPLOYER	SUPERVISOR	CITY / STATE	TELEPHONE	POSITION	PAY	REASON FOR LEAVING
FROM TO							
FROM TO							
FROM TO							
FROM TO							
FROM TO							
FROM TO							

**DO NOT WRITE IN THIS AREA**

TYPING \_\_\_\_\_  
 WORD \_\_\_\_\_  
 EXCEL \_\_\_\_\_  
 POWER POINT \_\_\_\_\_  
 TEN KEY \_\_\_\_\_  
 COMMENTS \_\_\_\_\_

