



El Campo Refrigeration  
& Restaurant Supply, Inc.

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**F 979.543.1591**

*Mailing Address*  
PO Box 1645  
El Campo TX 77437

*El Campo Refrigeration*

25450 US 59 RD  
El Campo TX 77437

## EMPLOYMENT APPLICATION

Please download form, fill it out and email it to [cheryl@elcamporefrigeration.com](mailto:cheryl@elcamporefrigeration.com)

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by ECR? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for ECR? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

**Employment History**

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

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Please list any special awards, honors, scholarships, or offices held.

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<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

<b>Driver's License</b> (Only for positions which require driving)	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's license number _____	State of issue _____
<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur	
Expiration date _____	
Have you had any accidents during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many? _____
Have you had any moving violations during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many? _____

<b>Military</b>	
Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what branch? _____	
If yes, Date Entered _____	Date Discharged _____
If yes, please describe any special skills or training acquired while in the service: _____	

## **WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

### **AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

### **CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

### **NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by a health practitioner.

### **NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I may be subject to a background check, and hereby authorize ECR, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

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Signature of Applicant

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Date