



El Campo Refrigeration
& Restaurant Supply, Inc.

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Mailing Address
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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

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.? <input type="checkbox"/> Yes <input type="checkbox"/> No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Work Phone: () -					
Email:					
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Position Applying For:				Date Available to Work:	
Have you been previously interviewed or employed by ECR? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list approximate date(s) and/or job title(s):					
Do you have any relatives currently working for ECR? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		

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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.)

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

References

Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name	Address	Phone #	Relationship/Occupation	Years Known

Driver's License (Only for positions which require driving)

Do you have a driver's license? ☐ Yes ☐ No

Driver's license number _____ State of issue _____

☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration date _____

Have you had any accidents during the past 3 years? ☐ Yes ☐ No How many? _____

Have you had any moving violations during the past 3 years? ☐ Yes ☐ No How many? _____

Military

Are you a veteran of the United States military service? ☐ Yes ☐ 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.

Signature of Applicant

Date