



**EMPLOYMENT RECORD:**

Provide as much information as possible including all phone numbers, dates and names to expedite processing of application. Also, be as specific as possible about reasons for leaving prior employers.

May we contact your current employer?       Yes       No

Company Name, Address & Phone Number	Month/Year	Rate of Pay	Title of Job Held & Name of Supervisor	Reason For Leaving
	From:	Starting:		
	To:	Final:	Accomplishments:	
	From:	Starting:		
	To:	Final:	Accomplishments:	
	From:	Starting:		
	To:	Final:	Accomplishments:	
	From:	Starting:		
	To:	Final:	Accomplishments:	
	From:	Starting:		
	To:	Final:	Accomplishments:	
	From:	Starting:		
	To:	Final:	Accomplishments:	

ESC DOES NOT DISCRIMINATE IN HIRING PRACTICES, OR ALLOW CONDITIONS OR TERMS OF EMPLOYMENT ON THE BASIS OF RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN OR DISABILITY. FEDERAL LAW PROHIBITS SUCH DISCRIMINATION ON THE BASIS OF AGE. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

I AFFIRM THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION OR IN THE FORM OF A RESUME IS TRUE AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACT THAT WOULD AFFECT MY APPLICATION. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION, FALSIFICATION OR WILLFUL OMISSION SHALL BE SUFFICIENT REASON FOR REFUSAL OF EMPLOYMENT OR DISMISSAL FROM EMPLOYMENT AT THE TIME THE COMPANY DISCOVERS THE OMISSION OR FALSIFICATION REGARDLESS OF THE TIME EMPLOYED PRIOR TO THE DISCOVERY.

I FURTHER AGREE AND UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER ESC OR MYSELF. I UNDERSTAND THAT NO EXECUTIVE OTHER THAN AN ESC ACCCOUNT MANAGER/RECRUITER HAS ANY AUTHORITY TO ENTER INTO ANY EMPLOYMENT AGREEMENT, OR TO MAKE ANY AGREEMENT CONTRARY TO WHAT IS SPECIFIED HERE.

FOR PURPOSES OF CONSIDERING MY APPLICATION FOR EMPLOYMENT, I AUTHORIZE ESC TO VERIFY THE INFORMATION SET FORTH ON THIS APPLICATION AND OBTAIN OTHER PERTINENT INFORMATION RELATING TO MY BACKGROUND. IAUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, CORPORATIONS, CREDIT BUREAUS AND LAW ENFORCEMENT AGENCIES TO SUPPLY ANY INFORMATION CONCERNING MY BACKGROUND.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EDUCATED SOLUTIONS CORP**  
**Professional References**

**APPLICANT NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CURRENT EMPLOYER** \_\_\_\_\_

Please list the names and contact information of three PROFESSIONAL references below. References should be non-relatives who can attest to your professional skills. Please note that these individuals will be contacted during our background-check process.

1. Name \_\_\_\_\_ Current Title \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Length of time you have known this person? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

2. Name \_\_\_\_\_ Current Title \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Length of time you have known this person? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

3. Name \_\_\_\_\_ Current Title \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Length of time you have known this person? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Background Investigations**

I understand and agree that during the application process and, if employed, at any time during my employment with ESC, ESC and/or its Client may require that I undergo one or more background investigations including my driving record, credit history, criminal records, civil matters, previous employment, education verification as well as other past experiences through various sources such as federal, state and other agencies (including public and private sources) which maintain records concerning my past activities. I hereby voluntarily authorize and consent to such background investigations. I further authorize the release of background screening results without restriction, to ESC, its Client(s), any consumer reporting agency and their respective officers, agents or employees.

In consideration for my employment and/or my continued employment, I hereby release ESC, its Clients, the consumer reporting agency and their respective parents, subsidiaries, and affiliated companies, and their officers, employees, agents, shareholders and representatives from any and all liability and responsibility arising out of or relating to the performance of any background investigation and/or any employment-related decisions made by ESC or its Clients based on any information obtained from a background investigation.

In the event the information obtained from a background investigation, or otherwise, reveals any false information, omissions or misrepresentations that I provided on my application, I understand that I will be ineligible for employment with ESC or, if I am employed by ESC, subject to immediate dismissal. Further, I acknowledge that I must promptly inform ESC in the event that I am convicted of any crime other than a minor traffic violation.

I have read and understand the above. I acknowledge that a fax or copy of this authorization and release shall be as valid as the original. This release is valid for all private persons and entities, and federal, state, county and local agencies and authorities.

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Signature

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Date

**Drug/Alcohol Testing**

I understand that ESC has adopted a Substance Abuse Policy, which prohibits the use of illegal drugs or abuse of controlled substances or alcohol on the job, during paid and un-paid break periods on or off the premises, on company/client premises or in company/client vehicles. The sale, use possession, manufacture, distribution, dispensation or being under the influence of any illegal drug while on company time, on company/client premises, in a company/client vehicle or anywhere on company business is prohibited. These rules also prohibit the storing of controlled substances or alcohol in any locker, desk, automobile or repository on company/client premises or while on company/client business. In addition, I understand that some ESC Clients have adopted different policies requiring drug and/or alcohol testing. It is my understanding that the Policy and Client policies are implemented for the purpose of providing me with a safe working environment.

By signing below, I hereby voluntarily authorize and consent to such drug and/or alcohol testing as provided by the Policy and Client policies. I also authorize and consent to the release of the results of such drug and/or alcohol tests to employees, agents and representatives of both ESC, the Client, and the drug testing companies (including the testing laboratory).

In consideration for my employment and/or my continued employment, I hereby release ESC, its Clients, the drug testing companies, their respective parents, subsidiaries, and affiliate companies, and their officers, employees, agents, shareholders and representatives from any and all liability and responsibility arising out of or relating to the performance of any drug test and/or alcohol test (during my assignment) required by the Policy and Client policies and/or any employment-related decisions made by ESC or its Clients based on any information obtained from a drug/alcohol test.

I have read and understand the above. I acknowledge that a fax or copy of this authorization and release shall be as valid as the original. This release is valid for all private persons and entities, and federal, state, county and local agencies and authorities.

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Signature

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Date