



"Providing complete avionics installation provisions and support for the Aerospace industry since 1984."



Form Instructions:

Please use the "Hand" Tool to fill out our interactive application form. When the form is complete, print it out and sign. Send, or fax, the completed form, with a cover letter, to ECS Corporate Recruiter at the address to the right.

5300 W. Franklin Dr.
Franklin, WI 53132
fax: (414) 421-1685

Position(s) Applied For _____ Date _____

How Did You Learn About Us?
 Advertisement ECS Website Friend Other (explain below)
 Employment Agency Relative Walk-in _____

Shift Preferred
 1st Shift 2nd Shift Either

Last Name _____ First Name _____ Middle Name _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security Number _____

Have you ever filed an application with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in this country?
(Proof of citizenship or immigration status will be required upon employment.) Yes No

Date available for work _____

Type of employment desired Full Time Part-Time Temporary Seasonal

Salary requirements _____

Can you work overtime? Yes No

Can you travel if a job requires it? Yes No



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Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comment section below.

Employer	Telephone	Dates Employed		Hourly Rate/Salary	
		Beginning	Ending	Starting	Ending
Address					
Job Title		Work Performed			
Immediate Supervisor					
Reason for Leaving					

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		Beginning	Ending	Starting	Ending
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Comments (Include explanation of any gaps in employment)



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Educational Background

School(s) Attended	Name and Address	Years Completed	Degree, Major, or Type of Course
High School			
College			
Graduate School			
Trade or Business			
Other			

Indicate any foreign languages which you can speak, read, and/or write

Ability	Fluent	Good	Fair
Speak			
Read			
Write			

Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment and/or other experience.

List professional, trade, business, or civic activities and offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.)

Organization	Offices Held

References

List name and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known



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List any additional information that you would like us to consider

Applicant's Statement

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation if this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, ECS reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of ECS has the authority to make any assurances to the contrary.

I give ECS the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability ECS and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

ECS is an Equal Opportunity Employer, and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that any offer of employment made by ECS will be conditioned on the results of a drug/alcohol test, which will be administered in accordance with the Drug Free Workplace Policy. I hereby specifically agree to take such test and be bound by the results thereof (subject to any right which I may have to obtain independent confirmation of such test results). I understand that such test may require me to provide blood, breath, urine and/or hair samples, and I agree to cooperate with same.

To the extent allowed by applicable law, I hereby release, forever discharge and agree to indemnify and hold harmless, individually and collectively, each person or business entity involved in the sample request, collection, testing, evaluation, reporting and confirmation process, from and against any and all claims, demands, actions, causes of action, suits of any kind, in law or inequity, whether known or unknown, and any and all damages, liabilities or other expenses (including attorneys' fees) suffered or incurred thereby in connection with the Policy or the procedures thereunder or in connection with any decisions, adverse or otherwise, made concerning my employment or benefits eligibility based on the test results.

Applicant's Signature

Date

ECS is an Equal Opportunity Employer, offering a Drug Free workplace.

**5300 W. Franklin Drive
Franklin, Wisconsin 53132 USA**

**414.421.5300 • 800.327.9473
personnel@ecsdirect.com • www.ecsdirect.com**





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Affirmative Action Information

(Completion of information below is voluntary.)

ECS considers applicants for all positions without regard to: race color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status. As required, ECS complies with all government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, ECS asks that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that *will not* be used in any hiring decision. Your self-identification may be made immediately, or at any time in the future.

Position(s) Applied For	Date
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Last Name	First Name	Middle Name
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Address	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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Sex:

Male Female

Race / Ethnic Group: (Check One)

Hispanic Black (not of Hispanic origin) Asian/Pacific Islander

American Indian/Alaskan Native White (not of Hispanic origin)

How were you referred to this job?

Walk-in Business referral Miscellaneous

Unsolicited College/school recruitment Other

Employee referral Advertisement

Employment agency State Employment Office

This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act, or necessitated by another federal law or regulation.

The form is filed separate from the Application, and is not for interview purposes.

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