

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Position applying for: _____ **Date:** _____

Please answer all questions. Resumes are not accepted in lieu of completion of this application.
 Note: This application was designed to be used for several job positions. Some questions may not be completely applicable for the job/position you are seeking. However, we ask that you complete all questions.

PERSONAL INFORMATION

Last Name	First Name	MI
Present Address	Street	City/State
		Zip Code
Home Phone	Work Phone	Cell Phone

➤ Have you had your named changed or had an assumed name previously? YES NO
 If yes, Please List: _____

➤ Do you have the legal right to work in the U.S.? YES NO

➤ Are you 18 years of age or over? YES NO

➤ Are you, or have you ever been employed by a Book company llc. or eCampus.com?
 YES NO If yes, Dates Employed _____ Department _____

➤ Have you ever been convicted of a Misdemeanor or Felony YES NO
 If yes, Please list dates and explain. A "YES" does not automatically mean you will not get hired.
 Please list all facts _____

➤ Do you currently have relatives working for a **Book** Company, llc *dba.* eCampus.com? YES NO
 If yes, list relatives name _____ Department _____

➤ Are there any circumstances that would prevent you from performing the essential job functions in a safe and reasonable manner in which you have applied for? YES NO
 If yes, Please explain _____

EDUCATION/TRAINING

High School, College or University, Trade schools, etc.	# of years attended	Graduated Yes / No	Degree (Type)	Major

List any additional Coursework and Training: _____

Special Skills and Equipment: _____

EMPLOYMENT HISTORY

Note: Please account for all jobs and begin with the most recent employer. Resumes are not allowed to be substituted, but may be enclosed. (Attach separate sheet if necessary).

Company Name:		Telephone #:	
Address:		City/State:	Zip Code:
Your Job Title:		Supervisor's Name:	
Job Duties:		Supervisor's Title:	
		Employment Dates: <i>From</i>	<i>To</i>
		Hourly/Salary Rate <i>Start</i>	<i>Finish</i>
Reason For Leaving:			
Company Name:		Telephone #:	
Address:		City/State:	Zip Code:
Your Job Title:		Supervisor's Name:	
Job Duties:		Supervisor's Title:	
		Employment Dates: <i>From</i>	<i>To</i>
		Hourly/Salary Rate <i>Start</i>	<i>Finish</i>
Reason For Leaving:			
Company Name:		Telephone #:	
Address:		City/State:	Zip Code:
Your Job Title:		Supervisor's Name:	
Job Duties:		Supervisor's Title:	
		Employment Dates: <i>From</i>	<i>To</i>
		Hourly/Salary Rate <i>Start</i>	<i>Finish</i>
Reason For Leaving:			
Company Name:		Telephone #:	
Address:		City/State:	Zip Code:
Your Job Title:		Supervisor's Name:	
Job Duties:		Supervisor's Title:	
		Employment Dates: <i>From</i>	<i>To</i>
		Hourly/Salary Rate <i>Start</i>	<i>Finish</i>
Reason For Leaving:			

➤ Please list any lapse of employment. _____

➤ Have you ever been dismissed or forced to resign from employment? YES NO
 If yes, Please Explain _____

➤ May we contact your present employer? YES NO Previous Employers? YES NO
 If No, Please list which employers and any reasons why. _____

➤ Do you have a valid Driver's license? YES NO

➤ Do you have reasonable means of transportation? YES NO

➤ Are you able to work overtime, if asked? YES NO

➤ Are there any hours, shifts, or days you are unable to work? YES NO
 If yes, Please explain _____

REFERENCES

Note: Please list three persons, not relatives or former employers whom you have known at least for one year.

Name	Address and Telephone	Occupation

EMERGENCY CONTACT INFORMATION

PRIMARY	Daytime Phone #'s
Name _____	Work Phone () -
Relationship _____	Home Phone () -
	Cell Phone () -
SECONDARY	Daytime Phone #'s
Name _____	Work Phone () -
Relationship _____	Home Phone () -
	Cell Phone () -

NOTICE TO APPLICANTS: This company acts as an Equal Opportunity Employer and complies with such laws. All qualified candidates will receive consideration for employment without regards to race, color, sex, religion, national origin, age, sexual orientation, disability or veteran status.

eCampus.com Complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform the essential job functions. If you are given a conditional job offer of employment, you may be required to complete a post-job offer medical history questionnaire and undergo a medical examination, and all information with be kept confidential and stored in separate files.

APPLICANTS STATEMENT

I hereby certify that my answers to the above are true and further that I understand that any information withheld or falsely provided by me in connection with the foregoing application will subject me to immediate termination of employment. I also recognized that my employment is based on receipt of satisfactory information from former employers or references. I hereby authorize eCampus.com without liability to contact prior employers (present employers if authorized); educational institutions or references given by me and authorized said employers, educational institutions or references to make full response to any inquiries by eCampus.com in connection with this application for employment. I also authorize eCampus.com to give any information concerning me or my employment in response to inquiries from subsequent potential employers or other inquiries concerning me without liability.

In as much as said information concerning my performance as an employee, conduct and department is furnished at my specific request and for my benefit, I hereby agree to hold harmless eCampus.com and all former employers, educational institutions or references listed on the application from any liability or claims of whatsoever nature. I agree to conform to the rules and regulations of eCampus.com, and understand that my employment can be terminated for any reason, and with or without notice, at any time at the option of eCampus.com or myself. I further understand that the employee handbook is not to be construed as creating any form of employment agreement and that it does not serve as an independent basis of contract for employment. I also agree that upon my termination of employment (should I be hired) I will return all eCampus.com property. I further certify that I have read the foregoing paragraph and herewith knowingly make this authorization by setting my signature below."

Important Notice: I understand that eCampus.com uses video surveillance equipment. Video surveillance is used to help reduce theft and other illegal acts. As such, eCampus.com carefully complies with all laws to protect the admissibility of the information, while at the same time, aggressively pursue the best interest of the company.

Signature _____ Date _____

Background Check Authorization

I _____ acknowledge that eCampus.com will obtain information retrieved from a criminal background check for said applicant.

Signature _____ Date _____

DISCLAIMER

These conditions of employment are not to be construed as creating any form of employment agreement and do not serve as an independent basis of contract for employment.