

JOB APPLICATION

**ECP Building Envelope Specialists Inc.
88 Connecticut Road, Plattsburgh, New York 12903
Phone: 518-563-0579 Fax: 518-563-2659**

ECP Building Envelope Specialists Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information:

Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position:

Position(s) applying for: Energy Technician (full time)

How did you hear about this position? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Salary desired? _____

Personal Information:

Do you have any friends, relatives, or acquaintances working for ECP Building Envelope Specialists Inc? YES NO

If yes, state name & relationship_____

Are you 18 years of age or older? YES NO

Do you possess a clean driving record? YES NO

If no, please explain._____

What class is your drivers license?_____

Are you a U.S. citizen or approved to work in the United States? YES NO

Will you consent to a mandatory controlled substance testing? YES NO

Will you consent to a background check? YES NO

Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES NO

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case.

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: ECP Building Envelope Specialists Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name:_____

Location (City, State):_____

Year Graduated:_____

Degree Earned:_____

College/University

Name:_____

Location (City, State):_____

Year Graduated:_____

Degree Earned:_____

Vocational School/Specialized Training:

Name: _____

Location (City, State): _____

Year Graduated: _____

Degree Earned: _____

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

Previous Employment:

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employers Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employers Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employers Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

References:

Please provide 3 professional references below:

Reference	Contact Information

Applicant Signature: _____

Dated: _____