



J.D. ECKMAN, INC.
Employment Application

J.D. Eckman is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other characteristic protected by law.

(Please Print Legibly)

Personal Information

Name: Last First Middle Social Security Number

Present Street Address City State Zip

Home Telephone/Mobile Telephone **Position Applied For:** _____
Email _____

Have you ever used another name? Yes No
Is any additional information necessary to enable a check on your work and education record, such as a name change, nickname or use of an assumed name? Yes No
If yes, please explain: _____

If hired, can you show proof that you are over eighteen years of age? Yes No

Are you able, after employment, to present valid, current authorization to work in the United States? Yes No

Have you ever been discharged from any position? Yes No
If yes, please provide the date and reason for each discharge: _____

Please provide the names of any relatives already employed by our organization:

How were you referred to the Company? _____



Have you ever:

- been convicted in regard to any crime or offense (i.e. misdemeanor, felony, traffic violation, etc.) for which the record has not been sealed or expunged?
Yes No
- pled guilty or nolo contendere in regard to any crime or offense (i.e. misdemeanor, felony, traffic violation, etc.) for which the record has not been sealed or expunged?
Yes No
- received a suspended imposition of sentence in regard to any crime or offense (i.e. mis-demeanor, felony, traffic violation, etc.) for which the record has not been sealed or expunged?
Yes No

If yes, please briefly describe the nature of the offense(s), the date and place of conviction, and the legal disposition of the case. This company will not deny employment to any applicant solely because the person has been convicted of an offense. The company may, however, consider the nature, date, and circumstances of the offenses as well as whether the offense is relevant to the duties of the position applied for.

Are you currently out on bail, the subject of a current warrant for arrest, or released on your own recognizance pending trial? Answering “Yes” will not necessarily be disqualifying.

Yes No

Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

Job Related Skills

Have the requirements and skills of the job been explained to you or have you been given a copy of the job description for the position for which you have applied? Yes No

1. Do you understand these requirements and skills of the job position? Yes No
2. Can you perform the essential functions of the job with or without reasonable accommodation?
Yes No



Work Availability

If your application receives favorable consideration, when will you be available to begin work?

Date: _____

- | | | |
|---|-----|----|
| Do you have any objection to working overtime? | Yes | No |
| Can you work overtime without prior notice? | Yes | No |
| Can you work weekends or holidays if required by this position? | Yes | No |
| Can you travel if required by this position: | Yes | No |
| Can you work full-time? | Yes | No |
| Can you work part-time? | Yes | No |

Educational History

	School Name / Location	Years Completed	Degree/Diploma
High School	_____		
College	_____		
Tech. Training	_____		

Have you served in the U.S. military? Yes No
 If yes, did your military service and training provide you with skills you could put to use in this job? Yes No
 If yes, please explain



Please list any other skills, qualifications, education, training and the like that you possess that you believe may be helpful to you in performing the essential functions of the position applied for:

Employment Record

Please include ALL employment for the last seven years. Use the back of the form if necessary. If you attach a resume, you are still required to complete this section.

1. _____
Company Name Position Held

_____ Address _____

Dates Employed: _____ to _____

_____ Reason For Leaving

May we contact this employer? Yes No

If not, please indicate your reason for the exclusion: _____

2. _____
Company Name Position Held

_____ Address _____

Dates Employed: _____ to _____

_____ Reason For Leaving

May we contact this employer? Yes No

If not, please indicate your reason for the exclusion: _____



3. _____
 Company Name Position Held

Address _____

Dates Employed: _____ to _____

Reason For Leaving

May we contact this employer? Yes No

If not, please indicate your reason for the exclusion: _____

4. _____
 Company Name Position Held

Address _____

Dates Employed: _____ to _____

Reason For Leaving

May we contact this employer? Yes No

If not, please indicate your reason for the exclusion: _____

References List those persons who are familiar with your work skills and ability. Do not include relatives.

1. _____
 Name Telephone Years Known

How do they know about your work skills and abilities?

2. _____
 Name Telephone Years Known

How do they know about your work skills and abilities?



3. _____
Name Telephone Years Known

How do they know about your work skills and abilities?

PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN AND SUBMIT THIS EMPLOYMENT APPLICATION

J.D. Eckman, Inc. is an Equal Opportunity Employer and makes employment decisions without regard to race, color, sex, religion, gender, national origin, age, disability, or marital status. This Company also complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. This Company accommodates qualified individuals with disabilities and bona fide religious beliefs.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please note that any false or misleading statements made during the interview process or on the application or other company forms are grounds for immediately terminating: (1) the interviewing process, (2) the conditional offer of employment, or (3) employment if discovered after hiring. All qualified applicants will receive consideration without regard to any status or condition protected by law. A conviction will not necessarily bar an applicant from employment. If you appear to be qualified for the position applied for based upon the information on your application form and/or job interview, the Company may make a conditional offer contingent upon submitting to the Company's physical examination and substance abuse testing and the verification of your answers to any requested information through reference and background checks. If you receive a conditional job offer, your conditional job offer may be rescinded if the Company's physical examination and substance abuse testing indicates that you are not in compliance with the Company's physical examination or substance abuse policy or if reference and background check information reveals information that leads the Company to believe the employment offer should be withdrawn.

This application for employment has been accepted for consideration regarding the active position vacancy you indicated on the front page. J.D. Eckman, Inc. does not accept unsolicited resumes or applications. If you wish to be considered for employment for future active position vacancies, you will be required to submit a new employment application at that time.

In the event that you are hired for a position with the Company, you acknowledge (a) that your employment is terminable at will, either by yourself or the company at any time and for any lawful reason and (b) that no contract of employment other than "at will" has been expressed or



implied, and that no circumstances arising out of your employment will alter your “at will” employment relationship unless expressed in writing.

**Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize J.D. Eckman, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish J.D. Eckman, Inc. or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release J.D. Eckman, Inc. and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer’s right will be provided to me



CERTIFICATION BY APPLICANT

I certify that I have read and understand the instructions and information on this application form and all other forms that have been given to me by the company.

I authorize the company and/or its agents to verify any information that I have provided and to investigate my background and all statements contained in this employment application as may be necessary to arrive at an employment decision. I authorize all current and former employers, persons, educational institutions, companies and/or law enforcement authorities to release any information concerning my background. I hereby release and hold harmless all such current and former employers, persons, schools, companies, law enforcement authorities and J.D. Eckman, Inc. from any liability or damages whatsoever for attempting to, obtaining, providing, or using any such information.

I understand that employment is not for any guaranteed term and may be terminated by the Company or employee at any time for any reason. I further understand that this “at will” employment relationship may not be changed by any written document, verbal statement, or conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization in a written document titled “*Employment Contract*”, and which specifically states the employee is not an “at will” employee.

In the event of employment:

- I understand that false, misleading or omitted information given in my employment application, interview(s) or any other document or statement, may result in discharge.
- I also understand that I am required to abide by all rules and regulations of the employer.
- I understand that J.D. Eckman, Inc. is committed to providing a drug-free workplace and that a positive drug test or alcohol may be grounds for termination of employment.
- I understand that I will be subject to a ninety (90) day introductory period and that during this time frame I may be released at any time for any reason other than for any status or condition protected by law.

I certify that all information (in writing or otherwise) given by me to the company is complete, accurate and true to the best of my knowledge and belief.

Signature

Date



**VOLUNTARY SELF-IDENTIFICATION FORM
EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER**

Name _____
Last
First
MI

Today's Date _____ Center Name N/A

Position Applied _____ Job# N/A

GENDER:

_____ Male _____ Female

RACE/ETHNIC CATEGORY: (Check One)

- _____ White (not of Hispanic origin)
- _____ Black (not of Hispanic origin)
- _____ Hispanic
- _____ Asian or Pacific Islander
- _____ American Indian or Alaskan Native
- _____ Bi or Multi-racial

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Subcontinent. This area includes, for example: China, India, Japan, Korea, the Philippine Islands, Samoa.
American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

REFERRAL SOURCE:

- | | |
|---|----------------|
| _____ Private employment agency | _____ Walk-in |
| _____ Newspaper (specify)
referral | _____ Employee |
| _____ Educational Institution | _____ Other: |
| _____ State or Community Agency: Name:
_____ | |

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: