



506 S. Main St., Ste 1000
Las Cruces, NM 88001

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Drivers License No.: _____ Desired Salary: \$ _____

Position Applying for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Electronic Caregiver, Life Support Medical, Lasershield Systems or any affiliated company? YES NO If yes, when? _____

Position Held: _____
Reason for Leaving? _____

List all relatives by blood, adoption, domestic partnership or marriage working for or have worked at Electronic Caregiver Inc. and the department where they work if known (write N/A if this does not apply):

I understand and accept that after receiving an offer of employment, passing an applicable background check is a condition of employment with Electronic Caregiver:

YES NO

Electronic Caregiver Inc. is an equal opportunity employer. Electronic Caregiver Inc. does not discriminate on the basis of age, ancestry, color, disability, gender identity, genetic information/history, national origin, citizenship, race, religion, retaliation, serious medical condition, sex (including pregnancy), sexual orientation, spousal affiliation or military status.

Electronic Caregiver Inc. is committed to providing reasonable accommodation to qualified individuals with disabilities upon request. To request an accommodation, please contact Human Resources

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature: _____ Date: _____

This application will be considered active for 60 days from the date it is submitted. Consideration for employment after 60 days requires a new application. Send completed applications to hr@ecg-hq.com.