

**EMPLOYMENT
APPLICATION**

NAME _____
(PRINT)



AN EQUAL OPPORTUNITY EMPLOYER

The company complies with laws which prohibit discrimination against any applicant for employment because of age, race, color, religion, national origin, gender, disability and veteran status as well as with any other applicable discrimination laws.

EMPLOYMENT

STARTING WITH CURRENT OR LAST EMPLOYER. PLEASE PROVIDE A DETAILED ACCOUNT OF YOUR EMPLOYMENT HISTORY DURING THE LAST 10 YEARS.
ATTACH RESUME OR LISTING OF ADDITIONAL POSITIONS IF NECESSARY

1	CURRENT OR LAST EMPLOYER & TYPE OF BUSINESS	POSITION TITLE	DATES EMPLOYED FROM TO	ANNUAL BASE SALARY STARTING ENDING	BONUS OR OTHER
	STREET ADDRESS	POSITION RESPONSIBILITIES			
	CITY, STATE, ZIP CODE				
	TELEPHONE NUMBER				
	SUPERVISOR'S NAME	REASON FOR LEAVING			
2	CURRENT OR LAST EMPLOYER & TYPE OF BUSINESS	POSITION TITLE	DATES EMPLOYED FROM TO	ANNUAL BASE SALARY STARTING ENDING	BONUS OR OTHER
	STREET ADDRESS	POSITION RESPONSIBILITIES			
	CITY, STATE, ZIP CODE				
	TELEPHONE NUMBER				
	SUPERVISOR'S NAME	REASON FOR LEAVING			
3	CURRENT OR LAST EMPLOYER & TYPE OF BUSINESS	POSITION TITLE	DATES EMPLOYED FROM TO	ANNUAL BASE SALARY STARTING ENDING	BONUS OR OTHER
	STREET ADDRESS	POSITION RESPONSIBILITIES			
	CITY, STATE, ZIP CODE				
	TELEPHONE NUMBER				
	SUPERVISOR'S NAME	REASON FOR LEAVING			
4	CURRENT OR LAST EMPLOYER & TYPE OF BUSINESS	POSITION TITLE	DATES EMPLOYED FROM TO	ANNUAL BASE SALARY STARTING ENDING	BONUS OR OTHER
	STREET ADDRESS	POSITION RESPONSIBILITIES			
	CITY, STATE, ZIP CODE				
	TELEPHONE NUMBER				
	SUPERVISOR'S NAME	REASON FOR LEAVING			

ADDITIONAL EXPERIENCE:

IF YOU WISH, PLEASE LIST ANY EXTRA-CURRICULAR ACTIVITIES, HONOR SOCIETIES, COMMUNITY ACTIVITIES, PUBLICATIONS OR PATENTS:

PLEASE LIST ANY COMPUTER SOFTWARE, OFFICE MACHINES OR EQUIPMENT YOU CAN OPERATE:

U.S. MILITARY SERVICE

INDICATE BRANCH	RANK AT DISCHARGE	DATE(S) OF ENTRY	DATE(S) RELEASED
WHAT WAS THE NATURE OF YOUR PRINCIPAL SERVICE ASSIGNMENT?			WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

MISCELLANEOUS

HOW WERE YOU REFERRED TO ECS/BEACON?	DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING AT ECS/BEACON? <input type="checkbox"/> YES <input type="checkbox"/> NO	GIVE NAMES AND RELATIONSHIP
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BUSINESS REFERENCES: PLEASE LIST BUSINESS REFERENCES I.E. SUPERVISORS, PEERS, CUSTOMERS, ETC.

NAME	COMPANY	ADDRESS	TELEPHONE NO.	BUSINESS / RELATIONSHIP

TERMS AND CONDITIONS: Authorization, Statement of Accuracy, Employment Status, and Notice of Drug Screening

I authorize the officers, agents and employees of ECS Financial Services/Beacon Funding (hereinafter referred to as Company) to solicit all relevant information about this application, including the securing of a consumer report. This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation and past conduct. I authorize and request all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information to the Company, without restriction or qualification. I voluntarily waive all recourse and release them from liability for complying with this authorization. I understand that the information I provide in this application, and its support, must be complete and accurate to the best of my knowledge and that misrepresentation or omission of facts called for in this application is cause for rejection or dismissal. If information contained in any consumer report causes my rejection or dismissal, the nature and scope of that report will be supplied upon my written request.

I understand and agree that nothing contained in this employment application or in the granting of an Interview is intended to create an employment contract between the Company and myself or to provide any other benefit. I agree that if I am employed by the Company, I shall be an employee-at-will, unless different terms are agreed to by the President of the Company or his/her designee. I also understand that as an employee-at-will I have the right to resign my employment without cause and without notice at any time and the Company has the right to terminate my employment at any time without cause.

I agree that if offered employment, I will, as a condition of employment, submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

I understand and agree that as a condition of initial employment and at various times as a condition of continued employment, I may be asked to sign various agreements including among others inventions, conflicts of interest and confidentiality. I agree that I will not disclose to third parties any confidential Company information or trade secrets.

I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen at the Company's expense. By signing this application, I voluntarily agree to submit to a pre-employment drug screen upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen will result in the withdrawal of the employment offer. Refusal to submit to a pre-employment drug screening will terminate the Company's further consideration of my application.

By signing below, I acknowledge that I have read and understand and agree with the terms and conditions stated above.

Applicant's Signature

Date

BACKGROUND INFORMATION RELEASE AUTHORIZATION

In connection with my application for employment with ECS Financial Services and/or Beacon Funding, I understand that a consumer credit report, including an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that ECS Financial Services and/or Beacon Funding will be requesting information concerning my worker's compensation claims, motor vehicle operation history (for employment purposes), academic records, and criminal history from various state, private and insurance sources along with other public records available. (Worker's Compensation information will only be requested in compliance with the ADA).

I hereby authorize, without reservation, any law enforcement or government agency, administrator, educational institutions, information service bureau, employer or insurance company, to furnish the above-mentioned information. I release all such persons and sources from any liability or damages on account of having furnished such information.

I further authorize that a telephonic facsimile (FAX) or photocopy of this authorization shall be as valid as the original. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and given the name of the agency or source of information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigative consumer report about me from a consumer-reporting agency.

I understand that I may request a copy of any report that is prepared regarding me. I should direct my request to: Gerald Gold & Associates, 1701 E. Woodfield Road, Suite 704, Schaumburg, Illinois 60173.

I acknowledge that I have received a copy of the above notice and that I authorize a copy of my credit report to be released to your company and/or its agents or an investigative consumer report to be requested by your company.

Date _____

Signature _____

Social Security Number _____

My present employer may be contacted: Yes No

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. **PLEASE PRINT CLEARLY.**

LAST NAME

FIRST NAME

MIDDLE NAME

STREET ADDRESS

CITY

STATE

ZIP

DRIVERS LICENSE NUMBER

STATE OF LICENSE

EXPIRES ON

DATE OF BIRTH

List any other LAST NAMES you have used during the previous 7 years, or under which you received your GED, high school diploma or other degrees.

For Maine and New York Applicants Only

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

For Washington Applicants Only

The consumer reporting agency, which furnished the report, is Gerald Gold & Associates Ltd., 1701 E. Woodfield Rd. S-704, Schaumburg, Illinois 60173 (1-800-831-2547)

Minnesota and Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

California Residents please note: In connection with your application for employment, your credit report may be obtained and reviewed. Under California law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. In the alternative, you may elect to receive the entire investigative consumer report, which will include your credit report.

YES, I am a California resident and would like a free copy of my credit report; or

YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____SSN: _____

Street Address _____

City, State, Zip _____