



Application of Employment

Location: Woodway Meyerland Town & Country Highland Village Sugar Land The Woodlands Bay Area

Name:			
Address:	City:	State:	Zip:
Phone Number:			
Position Applied for:	Desired Salary:		
Availability:	Referred By:		

Have you ever worked at any Escalante's location? ☐ Yes ☐ No

Do you currently work at any Escalante's location? ☐ Yes ☐ No

If yes to either question, please be sure to include details in the Employment History section.

Are you legally authorized to work for Escalante's in the United States? ☐ Yes ☐ No

Are you related by blood or marriage to any current employee of Escalante's? ☐ Yes ☐ No

If yes, please identify the employee, your relationship to him/her, and the location in which they are employed.

Employment History

List below last three employers, starting with the most recent.

Name of Employer	Month and Year	Phone Number	Manager	Position	Reason for Leaving

References

Name:	Phone Number:	Relation to Reference:

Describe why you are interested in working for Escalante's and list any skills, education, and training which you feel particularly qualify you for a position with us.

Application Authorization

"I certify that the facts contained in this application are true and completed to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relative federal and state laws. I agree that, if I am employed by Escalante's, as conditions of my continued employment at Escalante's, I will furnish proof of my lawful right to work in the United States."

Signature:

Date:



All employees are required to sign the following acknowledgement form as a condition of employment at Escalante's.

Drug & Alcohol Testing Acknowledgment and Consent Form

I understand that as a condition of my employment, I will not report to work impaired by either drugs or alcohol. Escalante's may require that I undergo medical testing during my employment to detect the presences of drugs and/or alcohol. Such testing may include accident or injury-related testing, reasonable suspicion testing, or random testing.

I understand that if I am injured while working and I refuse to submit to a test for drugs or alcohol, I forfeit eligibility for workers' compensation medical and indemnity benefits.

I hereby consent to submit to urinalysis and/or other tests, including but not limited to blood, breath, saliva and/or hair tests for the purpose of determining the drug and/or alcohol content thereof.

I agree that any physician or clinic designated by Escalante's or its insurance carriers may collect these specimens for these tests and my test them or forward them to a testing laboratory designated by Escalante's or its insurance carriers for analysis. I further authorize the release of the results of said tests to Escalante's, its insurance carriers, or its other designated agents.

I understand that a positive test for any drug or alcohol could result in the termination of my employment. I further understand that if I refuse to participate in testing, my employment with Escalante's may be terminated.

I hereby agree to hold harmless Escalante's and its agents (including any physician, clinic or laboratory designated by Escalante's or its insurance carriers to collect and test specimens) from any liability arising in whole or part out of the collection and/or testing of specimens.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I further acknowledge that I am employed at-will, that my employment can be terminated at any time with or without cause, and that nothing in this Acknowledgement and Consent is intended to alter my at-will status.

Employee Name: _____

Witness Name: _____

Employee Signature: _____

Witness Signature: _____

Date: _____

Date: _____