

PROFESSIONAL REFERENCES: Provide the names of three persons (for each category) not related to you who have known you at least one year and have knowledge of your professional abilities and past job performance.

Fax the completed form to: Fax # 407-478-1956 Attn: Recruiter at SMART

SUPERVISORS

Name/Title	Company	City, State	Phone and email	Years Known

SUBORDINATES

Name/Title	Company	City, State	Phone and email	Yrs Known

PEERS

Name/Title	Company	City, State	Phone and email	Yrs Known

CANDIDATE CERTIFICATION, RELEASE & AUTHORIZATION

I hereby certify that the information provided in this application for employment and/or resume is true, complete and accurate. I understand that ECS relies on this information in their consideration of employing me. I authorize ECS to conduct inquiries into my career and employment history by contacting past employers. I understand that providing false and/or misleading information in this application is illegal. I also understand that the decision to offer me employment is ECS's decision only. I certify that I do not have any illness, mental or physical condition, or chemical/substance abuse problem that would prevent me from, or impair me in properly and safely performing the duties required for the work assignment for which I am being considered.

SIGNATURE: _____ **Date:** _____

ECS is an Equal Opportunity Employer