



PLEASE WRITE POSITION APPLIED FOR:

\_\_\_\_\_

Date Available to Begin:

Mo.          Day          Yr.

FOR USE BY OFFICE ONLY	
Starting Date	_____
Position	_____ Wage _____
Unit #	_____
Hired By	_____

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_

No.          Street          City          State          Zip Code

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_

If you are under 19, what is your age? \_\_\_\_\_ and date of birth? \_\_\_\_\_

If hired, can you furnish proof of age?    Yes     No

**PERSONAL REFERENCES:**

NAME AND OCCUPATION	ADDRESS	PHONE

**EMPLOYMENT RECORD:** (please be accurate and complete, most recent first — include last 5 years)

NAME AND ADDRESS OF COMPANY, TYPE OF BUSINESS	FROM		TO	TYPE OF WORK/ RESPONSIBILITIES	SALARY		NAME OF SUPERVISOR
	MO.	YR.	MO. YR.		START	END	

**EDUCATION RECORD:**

Did you graduate from high school? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Name          City          State

Have you attended college? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_ / \_\_\_\_\_

Name          City          State          From          To

Did you graduate? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_ / \_\_\_\_\_

Name          City          State          From          To

Course of study/degree \_\_\_\_\_ Special courses \_\_\_\_\_

What special skills do you possess that you feel would qualify you for this position? \_\_\_\_\_

May we contact your listed employers? \_\_\_\_\_ If not, which ones? \_\_\_\_\_

Do you have any physical defects that might affect your ability to do this type of work? \_\_\_\_\_

Describe: \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ When: \_\_\_\_\_

Do you know anyone who is presently working for us? \_\_\_\_\_

How many hours per week would you like to work? \_\_\_\_\_ Rate of pay expected \_\_\_\_ /wk.

Have you ever been convicted of a felony? Yes  No  If YES please give details below

Please list times available to work:

**Tuesday** \_\_\_\_\_ to \_\_\_\_\_

**Wednesday** \_\_\_\_\_ to \_\_\_\_\_

**Thursday** \_\_\_\_\_ to \_\_\_\_\_

**Friday** \_\_\_\_\_ to \_\_\_\_\_

**Saturday** \_\_\_\_\_ to \_\_\_\_\_

**Sunday** \_\_\_\_\_ to \_\_\_\_\_

**Monday** \_\_\_\_\_ to \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Do you have any commitments that might keep you from working the hours listed above? Yes  No

If yes, explain: \_\_\_\_\_

Do you expect any absence from the job in the next year? Yes  No  If yes, explain: \_\_\_\_\_

Are you in the country on a Visa which would not permit you to work here? Yes  No

Comments: \_\_\_\_\_

In return for the Company's consideration of me as a possible employee, I agree and consent that the Company and its agents have permission to administer to me any examinations (including physical examinations which may include but not be limited to urine, blood or other tests for drugs or alcohol) by doctors or other persons selected by the Company. I further agree that the results of such examinations may be used by the Company in deciding whether or not to hire me as an employee of the Company. I release the Company and its employees and agents from any liability arising out of, or in any way connected with, such examinations or the use of the information obtained through such examinations, including a decision not to employ me.

I further state that all information given on this employment application is true and to the best of my knowledge and belief and that any false statement made by me in this application will be reason for my release.

In consideration of my employment, I agree to conform to the policies and rules of EAGLE. I understand and agree that, regardless of the date of my employment, my employment and compensation can be terminated, **with or without cause**, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or 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.

Date \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)