



(An Equal Opportunity Employer) M-F

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 No. Street City State Zip Code How Long?

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:

Table with 3 columns: NAME AND OCCUPATION, ADDRESS, PHONE

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

Table with 7 columns: NAME AND ADDRESS OF COMPANY, TYPE OF BUSINESS, FROM MO. YR., TO MO. YR., TYPE OF WORK/ RESPONSIBILITIES, SALARY START END, NAME OF SUPERVISOR

EDUCATION RECORD:

Did you graduate from high school? Where Name City State When

Have you attended college? Where Name City State When From To

Did you graduate? Where Name City State When 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)