



Please Print All Information

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Home Phone: _____ Cell Phone: _____ Social Security #: _____

Email address: _____ Date of Birth: _____

Position Applied for: _____ Desired Salary: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No
Have you ever worked for this company? Yes No If so, when? _____
Have you ever been convicted of a felony? Yes No If yes, explain _____
Do you have a valid driver's license? Yes No

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three personal references.

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

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Work History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this employer? (yes or no) _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this employer? (yes or no) _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this employer? (yes or no) _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Acknowledgement and Signature

I certify that my answers are true and complete to the best of my knowledge.

I have read and understand the Employment Application Waiver which is attached to this application, and I agree to comply with all provisions of the Employment Application Waiver.

Signature of Applicant: _____ Date: _____

EMPLOYMENT APPLICATION WAIVER

(Please Read Carefully)

In exchange for the consideration of my job application by Eagle Construction, LLC (hereinafter, called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Eagle Construction, LLC, or otherwise to change in any respect the employment-at-will relationship between the Company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in my application for employment, and I release the Company from any liability as a result of contacting any schools, previous employers (unless otherwise indicated), references and others. I understand that any misrepresentation of facts in my application for employment is cause for dismissal at any time and without notice.

I understand that the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment. I consent to compliance with such policy as a condition of employment and continued employment.

I understand that my employment with the Company shall be probationary for a period of ninety (90) days, and that at any time during the probationary period or any time thereafter, my employment relationship with the Company is terminable at will by either party. If the employee ends employment for any reason during the probationary period, there will be a charge of \$40.00 for PPE equipment withheld from the employee's final paycheck. By signing below, employee acknowledges and agrees to same.

Signature of Applicant: _____ Date: _____

Printed Name: _____

The Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, religion, gender, age or disability. You are assured that your opportunity for employment with the Company depends only on your qualifications.

Thank you for completing your application for employment and for your interest in our business.