

# Application for Employment

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(Please Print)

Position(s) Applied For:

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How Did You Learn About Us?

- Advertisement     Friend     Inquiry  
 Employment Agency     Relative     Other \_\_\_\_\_
- 

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

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Best time to contact you \_\_\_:\_\_\_ Am/Pm    Are you at least 18years of age or older?  Yes  No

Have you ever filled out an application with us before?     Yes     No    If yes, Give date \_\_\_\_\_

Have you ever been employed with us before?

Do you have any friends or relatives, other then a spouse, work here?

If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?     Yes     No    May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration status? \_\_\_\_\_ *\*\*proof of citizenship or immigration status will be required upon employment\*\**

Date available for work \_\_\_/\_\_\_/\_\_\_    What is your desired salary range? \_\_\_\_\_

What are you available to work:     Full time     Part time     Temporary.

Are you currently on "lay off" status and subject to recall?

Can you travel if a job requires it?

### Education

School	Name/Address	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate/Professional				
Other (specify)				

### Work Experience

<b>Please start with your present or last job, Include any job related military service assignments and volunteer activities. You may excluded organizations which indicated race, color, religion, gender, national origin, disabilities or other protected status.</b>			
Employer ( 1 )	To	From	Work Performed
Address			
Telephone number(s)			
Starting/Present job title.			
Supervisor			
Reason for leaving.	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer ( 2 )	To	From	Work Performed
Address			
Telephone number(s)			
Starting/Present job title.			
Supervisor			
Reason for leaving.	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer ( 3 )	To	From	Work Performed
Address			
Telephone number(s)			
Starting/Present job title.	Starting Pay.	Ending Pay.	
Supervisor			
Reason for leaving.	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments : Include explanation of any gaps in employment**

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**Describe any specialized training, apprenticeship, skills and extra-curricular activities**

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**Describe any job related training in the united states military.**

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**Additional information-** \*Summarize special job related kills and qualifications acquired from other experience\*

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## Personal/Professional References

*\*\*Do not include family members or past supervisors\*\**

Name:	Phone Number:	Years known:	Occupation:
1.			
2.			
3.			

### Applicant's Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision.

This application for employment shall be considered active for a period of time not to exceed 45days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationships with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without causes. It is further understood that this "at will" employment relationships may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharged. I understand, also that I am required to abide by all rules and regulations of the employer, also , I agree by signing below to allow Eagles Nest Development LLC to run a Criminal Background check and hereby agree to random drug screening before and during my period of employment.

X \_\_\_\_\_

Signature of applicant

\_\_\_/\_\_\_/\_\_\_

Date