



**APPLICATION FOR EMPLOYMENT**

Eaglestone, Inc. is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment and as such, all qualified applicants will receive consideration for employment without regard to race, age, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. If you require reasonable accommodation in completing this application, interviewing, completing any pre-employment testing or otherwise participating in the employee selection process, please direct your inquiries to Human Resources at 630-587-1115.

**Please complete all fields. Incomplete information could disqualify you from further consideration.**

<b>Date of Application:</b>	_____	<b>Position Applied For:</b>	_____
<b>Date you can start:</b>	_____	<b>Salary / Hourly Rate Desired:</b>	_____

Have you ever worked for Eaglestone, Inc before? If yes, when? Yes / No    Date: \_\_\_\_\_

Have you ever applied for employment at Eaglestone Inc. before? If so, when? Yes / No    Date: \_\_\_\_\_

How did you hear about Eaglestone, Inc.? \_\_\_\_\_

Do you know anyone who is/was employed by Eaglestone, Inc.? If yes, who? \_\_\_\_\_

**PERSONAL INFORMATION**

<b>Name:</b>	_____		
<b>Address:</b>	_____		
	Street	City	State      Zip Code
<b>Phone Number:</b>	Cell: _____	Home: _____	
<b>E-Mail Address:</b>	_____		

**Are you at least 18 years old? If no, you may be required to provide authorization to work. Yes / No**

**In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.**

<b>Are you able to work any shift? Yes / No</b>	<b>Are you able to work weekends? Yes / No</b>
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**Are you able to work overtime (ie. more than 40 hours in one week)? Yes / No**

**Have you been advised of the essential functions of the job, or have you viewed a copy of the job description for the position for which you are applying? Yes / No**

**Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes / No**

**QUALIFICATIONS**

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs.

School / Program Name	Address/ City, State	Years Attended



School/Program			
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**Qualifications Continued.**

	School / Program Name	Address/ City, State	Years Attended	Degree/Certificate
School/Program				
School/Program				
Other				

**SPECIAL SKILLS.** Please list any special skills or experience that you feel would help you in the position that you are applying for.

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**WORK HISTORY**

Please start at your most recent position and work backwards in time for seven (7) years. Use additional sheets if necessary.

If you are currently employed, may we contact your present employer? Yes / No

**JOB NO. 1**      **Position:** \_\_\_\_\_      **Start Date:** \_\_\_\_\_      **End Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_      **Address / Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_      **Duties:** \_\_\_\_\_

**Reason for leaving?** \_\_\_\_\_

May we contact this employer? Yes / No

**JOB NO. 2**      **Position:** \_\_\_\_\_      **Start Date:** \_\_\_\_\_      **End Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_      **Address / Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_      **Duties:** \_\_\_\_\_

**Reason for leaving?** \_\_\_\_\_

May we contact this employer? Yes / No

**JOB NO. 3**      **Position:** \_\_\_\_\_      **Start Date:** \_\_\_\_\_      **End Date:** \_\_\_\_\_



Company Name: \_\_\_\_\_ Address / Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer? Yes / No

REFERENCES

Please provide the names and contact information of three (3) persons not related to you, whom you have known for at least three (3) years.

Table with 5 columns: No., Name, Contact Information (Phone/Email), Years Acquainted, How Do You Know Him/Her (ie. prior employer, friend, teacher)

APPLICANT STATEMENT AND AGREEMENT

NOTICE REGARDING PRE-EMPLOYMENT DRUG TESTING AND AT-WILL EMPLOYMENT

No Guarantee of Hire. I understand that neither the completion of this Application, nor any other part of my consideration for employment establishes any obligation for Eaglestone Inc. to hire me.

At-Will Employment. If I am hired, I understand that my employment by Eaglestone, Inc. is for no specific term and may be terminated by my or by Eaglestone, Inc., with or without notice or cause at any time.

Drug-Free Workplace Policy / Drug Testing. I acknowledge that I have been advised that Eaglestone, Inc. is a Drug-Free Workplace and that I have been provided with a copy of Eaglestone, Inc.'s Drug Testing Policy Statement.

By signing below, I certify that the facts contained in this Application are true and complete to the best of my knowledge and I understand that if I am employed by Eaglestone, Inc., any falsified statements on this Application shall be grounds for immediate dismissal.



TEL: 630.587.1115 | FAX: 630.587.1116 | eaglestone.net

references to provide Eaglestone, Inc. with information regarding my previous employment and/or relationship with him/her as applicable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS APPLICATION IS VALID FOR 60 DAYS FROM THE DATE SIGNED ABOVE.**