



EAGLE PROTECTIVE GROUP, INC.

Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		Cell/Pager No.	
Date Available	Social Security No.		Desired Salary
Place of Birth	D.O.B.	Email address:	
Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodations? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have reliable transportation to work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Make, Model and color	
Are you available to work weekends?	YES <input type="checkbox"/> NO <input type="checkbox"/>	What shift are you available to work?	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

DISCLAIMER AND SIGNATURE

I authorize investigation of all statements contained in this Application. I understand that misrepresentation or omission of facts called for this Application may result in my dismissal.

Eagle Protective Group, Inc is an Equal Opportunity Employer and as such does not discriminate in hiring, promotion or terms or conditions of employment because of race, creed, color, sex, age, national origin, ancestry, marital status, eligibility for military service, or handicap. Should, you during your interview, or at any later date if you become employed with us, have reason to believe that anyone in our organization has acted contrary to our E.O.E. policy, you are requested to report any such questionable incidents directly to our Manager.

We cannot guarantee any specific shift, schedule or location to any employee, although we will do everything possible to make assignments suitable to you. We reserve the right to re-assign and re-schedule as the requirements of our business dictate. Both full-time and part-time employees may be required to work holidays and weekends. This application does not constitute an employment contract. I agree that, just as I can terminate the employment relationship at any time for any reason, so too, the Company may terminate my employment at any time and for any or no reason, with or without notice.

Signature	Date
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