



**SERVICES CORPORATION**

2702 BEECH ST  
VALPARAISO, IN  
46383-6088

219 464-8888 BUS  
219 464-8889 FAX

www.eagleservices.com

**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Equal access to programs, services, and employment is available to all persons - Pre-Employment Drug/Alcohol Screen is Required- Please Print

**Personal and Contact Information**

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

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type of work applied for:  Labor  Management  Clerical  Shop Position: \_\_\_\_\_

How did you hear about the job: \_\_\_\_\_

1. Best time to contact you? \_\_\_\_\_ : \_\_\_\_\_ AM PM 2. May we contact you at work?  Yes  No

3. If yes, give work number and best time to call \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_ AM PM

4. If you are under 18, can you furnish a work permit?  Yes  No 5. Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Have you filed an application here before?  Yes  No 7. If yes, give date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Have you ever been employed here before?  Yes  No 8. If yes, give dates: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

9. Are you legally eligible for employment in this country?  Yes  No (Proof of US Citizenship or immigration status will be required upon employment)

10. Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

11. Are you on lay-off and subject to recall?  Yes  No 12. Will you travel if job requires it?  Yes  No

13. Will you work overtime if needed?  Yes  No 14. Driver's license number and state (if job related) \_\_\_\_\_

15. Driver's license type:  Operator  CDL - please circle type(s): B A Tank Vehicles Hazardous Materials Passenger Transport

16. Have you been convicted of a felony in the last 7 years?  Yes  No (Such conviction may be relevant if job related, but does not bar you from employment)

17. If yes, please explain \_\_\_\_\_

School Name/City/State	Years Completed	Graduate	Subject/Degree
High School: _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/Trade: _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Language Skills (Please list any foreign languages you know and check skill level)**

Language: \_\_\_\_\_ SPEAK  Some  Fluent READ  Some  Fluent WRITE  Some  Fluent

Language: \_\_\_\_\_ SPEAK  Some  Fluent READ  Some  Fluent WRITE  Some  Fluent

Skills & Qualifications – Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

		From	To	Summarize the nature of the work performed and job responsibilities
Employer		/ /	/ /	
Address		Hrly Rate / Salary Starting		
City/State		\$	Per	
Phone		Hrly Rate / Salary Final		Reason For Leaving
Job Title		\$	Per	

Immediate Supervisor & Title: \_\_\_\_\_ May We Contact?  Yes  No  Later

		From	To	Summarize the nature of the work performed and job responsibilities
Employer		/ /	/ /	
Address		Hrly Rate / Salary Starting		
City/State		\$	Per	
Phone		Hrly Rate / Salary Final		Reason For Leaving
Job Title		\$	Per	

Immediate Supervisor & Title: \_\_\_\_\_ May We Contact?  Yes  No  Later

		From	To	Summarize the nature of the work performed and job responsibilities
Employer		/ /	/ /	
Address		Hrly Rate / Salary Starting		
City/State		\$	Per	
Phone		Hrly Rate / Salary Final		Reason For Leaving
Job Title		\$	Per	

Immediate Supervisor & Title: \_\_\_\_\_ May We Contact?  Yes  No  Later

Comments (include explanation of any gaps in employment) \_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_