



515 9th Avenue NW
 Little Falls, MN 56345
 Office: (320) 632-5429

**An Equal
 Opportunity
 Employer**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____

LAST FIRST MIDDLE

ADDRESS _____

STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.? YES _____ NO _____

EMPLOYMENT DESIRED

POSITION _____ WAGE DESIRED _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE CONTACT YOUR EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ IF SO WHEN? _____

REFERRED BY? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR OTHER				

GENERAL

SPECIAL SKILLS / LICENSES: _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

DRIVER'S LICENSE (Please check one)

CDL _____ CLASS B _____ CLASS D _____ NONE _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

IS THERE A PARTICULAR EMPLOYER(S) YOU DO NOT WANT US TO CONTACT?

REFERENCES: GIVE THE NAMES OF (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1.			
2.			
3.			

IN CASE OF
EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE NO.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand that any offer of employment, which I may receive, is contingent upon my successful completion of a blood and/or urine drug screen. If hired, submission to drug and/or alcohol testing may be required as a condition of employment. Refusal to submit to such testing during the course of employment may result in disciplinary action, up to and including termination.

I understand that neither this document nor any offer of employment from Eagle Construction Company, Inc. constitutes an employment contract unless a specific document to that effect is executed by the President of Eagle Construction Company, Inc. and myself in writing.

I understand that any offer of employment is contingent upon my signing an employment agreement.

In the event of employment, I understand that false or misleading information given in my application, resume (if any), or interview(s) may result in termination. I understand also that I am required to abide by all rules and regulations of Eagle Construction Company, Inc.

I understand and acknowledge that if hired, my employment is at-will and may be terminated at any time by Eagle Construction Company, Inc., or myself.

Signature of Applicant_____
Date



Voluntary Applicant Survey Form

An Equal Opportunity, Affirmative Action Employer

LAST NAME	FIRST NAME	MIDDLE INTIAL(S)

DATE	POSITION(S) FOR WHICH YOU ARE APPLYING

Please read carefully (**voluntary disclosure**): As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report these results to government agencies. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide is **completely voluntary** and will only be used to monitor our compliance with equal opportunity laws and regulations.* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us separately.

Race/Ethnicity – Select one or more

- American Indian or Alaskan Native: A person having origins in any of the original peoples of North, South or Central Americas, and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia **or** Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South, Central American or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Do not wish to answer

Disability – Are you a person with a disability?

- Yes
- No
- Do not wish to answer

Sex/Gender – Select one

- Female
- Male
- Non-Binary/Transgender/Gender Non-Conforming
- Do not wish to answer