

DIRECTIONS: PLEASE COMPLETE ALL SECTIONS USING THE TEXT BOXES, LOCATED TO THE RIGHT OR UNDERNEATH OF EACH QUESTION. INDICATE YES OR NO BY CHECKING APPROPRIATE BOXES.

**APPLICANT INFORMATION**

Date					
Last name			First	M.I.	
Street address					
City		State	Zip code		
Phone		Alternate			
E-mail address					
Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Will you now or in the future, require sponsorship for employment visa status (e.g., H-1B visa status, etc.) to work		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
How long have you been a resident of the state?					
How did you hear about Eagle Technologies?					
Name any relatives employed by our company:					

Circle the position that you are interested in below:

Accounting	Electrical Technician	Machinist	Other
Apprentice	Fluid Power Technician	Materials Buyer	Project Manager
Bench Helper	Information Technology	Mechanical Engineer	Sales
Controls Engineer	Internship	Mechanical Tool Maker	Shipping & Receiving

Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Seeking full time employment?	<input type="checkbox"/>	Seeking part time employment?	<input type="checkbox"/>
Shifts able to work:	1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>	
Are you willing/able to travel if the position requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Date that you could start work:			

**\*\*THERE IS NO NEED TO COMPLETE EDUCATION SECTION IF INCLUDED ON SUBMITTED RESUME.\*\***

**EDUCATION / QUALIFICATIONS**

Name of high school:			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If not, years completed:		GED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of college/technical school:			
Degree/Certification:			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Or still active in study?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other degree/certification:			

List any additional specialized training or education applicable to the position you're applying for:

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Can you operate any office or factory equipment/machinery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Please specify type:			
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If applying for a truck driver or sales position, do you possess a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Type:			
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State:			
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Has your license ever been revoked or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, state the reason and dates:			
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**MILITARY SERVICE / SPECIALIZED TRAINING**

Have you had any training or experiences in the Armed Forces of the United States or a State National Guard which you believe provided you skills or special training related to the position you are seeking? If so, please describe:

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**ADDITIONAL INFORMATION**

Have you ever been convicted, including plea bargains, of a crime? (Answering yes will not automatically disqualify you from employment consideration.)

If yes, please provide the date, crime and circumstances:

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Are you willing to submit to a pre-employment background investigation as a condition of employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you willing to submit to a pre-employment ten (10) panel substance abuse screening as a condition of employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**\*\*THERE IS NO NEED TO COMPLETE EMPLOYMENT SECTION IF INCLUDED ON SUBMITTED RESUME.\*\***

**PREVIOUS EMPLOYMENT, STARTING WITH MOST RECENT**

Company		Phone	
Start date:		End date:	
Address		Supervisor	
Job Title			
Reason for leaving:			

Company		Phone	
Start date:		End date:	
Address		Supervisor	
Job Title			
Reason for leaving:			

Company		Phone	
Start date:		End date:	
Address		Supervisor	
Job Title			
Reason for leaving:			

May we contact your previous supervisor(s)? YES  NO

**REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES)**

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			



## Background Check Disclosure and Authorization

**Disclosure Notice:**

Notice provided that a background check, including a criminal records search, may be conducted as a condition of employment. Consumer reporting agencies may be used or the background check may be conducted by an authorized Eagle Technologies Group provider of background check services. Offers of employment may be conditional upon an acceptable background check result that is acceptable to Eagle Technologies Group.

**Authorization:**

I hereby consent and authorize Eagle Technologies Group or a background service provider selected by Eagle Technologies Group to conduct a background check, including; criminal records search and personal interviews. I authorize and permit all persons, including my past and present employers, educational institutions, and government agencies, to disclose such information as requested. I consent to the release of my personnel records, inclusive of any disciplinary and unexcused attendance records, as well as my driving and criminal records. I release all persons and entities from liability on account of and waive any notification requirements relative to such disclosure.

I understand that I may withdraw this authorization and consent at any time by providing written notice to Eagle Technologies Group. I understand that to do so means that any pending offers of employment may be withdrawn. I understand and agree that any offer of employment is conditional upon Eagle Technologies Group's satisfaction with the results of any pre-employment background checks.

A photocopy of this authorization shall have the same force as an original.

PLEASE PRINT BELOW:				
Last name		Maiden name or name change if any		
First name	M.I.	Date of birth		
Signature			Date	



## **CONSENT FORM FOR ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING**

I hereby give my consent for Eagle Technologies Group, or its subsidiaries, through an authorized testing service of its choice to conduct any necessary medical tests to determine the presence or use of alcohol, drugs, or controlled substances, and I hereby release Eagle Tehnologies Group, or its subsidiaries from any liability arising out of such tests or their results. Further, I give my consent for the release of test results to authorized company management for appropriate review. I also understand that if I refuse to execute this consent, I will not be considered for employment. I also consent that if I am accepted for employment with Eagle Technologies Group, or its subsidiaries to be tested in the above manner during my employment when in the company's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use is a condition of my employment.

Signature		Date	
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## APPLICATION FOR EMPLOYMENT

Eagle Technologies Group is an Equal Opportunity Employer. We do not discriminate against any person because of race, religion, color, national origin, sex, age, height, weight, marital status or handicap.

Disabled/handicapped applicants are entitled to reasonable accommodation of their disability to allow full participation during the application process and as necessary to perform the essential functions of the position sought, if hired. If you require an accommodation due to a disability, you must notify the Human Resource Manager in writing within 182 days after the need is known.

## AUTHORIZATION AND AGREEMENT

Upon signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I further authorize you to verify any of the information concerning my employment, education, and/or criminal record with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including prior disciplinary employment record, without any obligation to give written notice of such disclosure. I agree to hold harmless said persons and former employers on account of furnishing such information. I agree that any false or misleading statements or omissions on this application may subject me to discharge at any time during my period of employment. I understand that the use of this application form does not indicate that there are any positions open and does not, in any way, obligate the company.

I also understand that if I am hired, employment is at will. *At will employment is a common law rule that employment of indefinite duration can be terminated by either the employer or the employee at any time for any reason; also known as terminable at will.* I agree that either party may terminate the employment relationship at any time, with or without notice.

I agree that, but for the one exception noted in this paragraph, any claim, action or suit against the company arising out of my employment and or termination, including but not limited to claims arising under state and federal civil rights laws, must be brought within 365 days of the event giving rise to the claim or be forever barred. I waive any statutes of limitations to the contrary. If this 365 days agreed upon limitations period is bound by a court to be unenforceable, then a minimum reasonable time is to be determined and enforced to the extent legally possible. EXCLUDED from this 365 day limitation agreement are claims related to the Michigan Whistleblowers Act which provides 90 days to assert a claim.

I further agree that any offer of employment is conditional until such time as the results of my pre-employment physical, substance abuse screening and background check are known.

Signature		Date	
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