



EAGLE COMMERCIAL SERVICES, INC

Integrity | Performance

Application for Employment

1026 26th Ave NW, Suite C, Gig Harbor, WA 98335

Phone: (253) 858-9611 Fax: (253) 858-1821

Personal Information

(Please print and complete by hand. Applications can be emailed, faxed, mailed or hand delivered.)

Date: _____

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Email: _____ Cell: _____

Position applying for: _____

Desired pay range: _____

Will you submit to random drug testing? Yes _____ No _____

Do you use tobacco? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes explain on back

Are you licensed to drive? Yes _____ No _____

If yes, driver's license number _____ State _____ Expiration _____

Are you willing to retrieve your current driving record? Yes _____ No _____

Do you own a vehicle to get you to and from work? Yes _____ No _____

If yes, make, model and year of your vehicle: _____

Personal vehicle insurance company name: _____ Phone number: _____

Policy Number: _____

Will you comply with all safety policies and practices? Yes _____ No _____

Are you willing to travel? Yes _____ No _____

If so, how often do you prefer to return home? _____ and for how long? _____

Do you consider yourself physically fit and capable to climb towers? Yes _____ No _____

If arranged by Eagle, will you submit to a physical exam as part of the hiring process? Yes _____ No _____



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Work History

Employer name: _____ Location: (city/state) _____

Dates employed from _____ to _____ Start pay _____ End pay _____

Supervisor's name: _____ Phone number: _____

Job title: _____ Responsibilities: _____

Employer name: _____ Location: (city/state) _____

Dates employed from _____ to _____ Start pay _____ End pay _____

Supervisor's name: _____ Phone number: _____

Job title: _____ Responsibilities: _____

Employer name: _____ Location: (city/state) _____

Dates employed from _____ to _____ Start pay _____ End pay _____

Supervisor's name: _____ Phone number: _____

Job title: _____ Responsibilities: _____

Employer name: _____ Location: (city/state) _____

Dates employed from _____ to _____ Start pay _____ End pay _____

Supervisor's name: _____ Phone number: _____

Job title: _____ Responsibilities: _____

Employer name: _____ Location: (city/state) _____

Dates employed from _____ to _____ Start pay _____ End pay _____

Supervisor's name: _____ Phone number: _____

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Experience

List any training certifications related or unrelated:

List of experience in the following areas

Concrete:

Carpentry:

Reading construction drawings:

Estimating:

Equipment operation: list type and competency

Describe your professional goals for the next 5 years:

I (print name) _____ certify that I have voluntarily answered all questions truthfully and to the best of my ability. I understand that providing false, inaccurate or misleading information will be cause for termination if I am employed by Eagle Commercial Services, Inc.

Signed: _____ Date: _____

Eagle Commercial Services, Inc is an Equal Opportunity Employer

Comments: