

Employment Application An Equal Opportunity Employer

Eagle Communications, Inc.



Please read carefully

I certify that all statements made by me in this application for employment, in the resume I submitted to Eagle Communications, Inc., and during my conversations with members of Eagle Communications, Inc. are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation, falsification, or omission of facts made by me on this application, on my resume or during conversations with members of the Eagle Communications, Inc., regardless of when discovered, shall be grounds for disciplinary action, up to and including termination of employment.

I hereby authorize Eagle Communications, Inc. to fully investigate my record and work qualifications either before (except present employer) or after my employment (all employers) and to facilitate such investigation, I also hereby authorize any previous employers, educational institutions and credit reporting agencies to provide Eagle Communications, Inc. with any information they request. I hereby release my previous employers, educational institutions, and credit reporting agencies from any liability or claims arising out of the release of such information.

I understand that employment is contingent upon the following, if required by the company:

- A. Receipt by the company of pertinent documents.
- B. Proof of eligibility to be legally employed in the U.S.

I understand and agree that my employment is contingent upon my acceptance of the terms of Eagle Communications, Inc.

I understand and agree that all products or results of any work which I may do in the course of, or in furtherance of my employment by Eagle Communications, Inc., or any of its subsidiaries, divisions, affiliates, or successors, shall be the sole property of Eagle Communications, Inc. Any patent or copyrighted material, which may be applied for relating to such work-product or result, shall be unconditionally assigned to Eagle Communications, Inc.

I understand and agree that any knowledge whatsoever of a confidential nature, which I may acquire as a result of or in connection with my employment shall remain the sole exclusive property of Eagle Communications, Inc., both during and after termination of my employment.

I understand and agree that if employed by Eagle Communications, Inc., its affiliates, subsidiaries, divisions, or successors, such employment is not for any definite period, but may be terminated by either party at any time.

I further agree to obey all rules, policies and practices of Eagle Communications, Inc. if accepted as an employee.

I have read and understand the foregoing.

Applicant's Signature _____

Date _____

Personal data— complete in detail even if a resume has been or is being submitted.

Last Name	First Name	Middle Initial	E-mail
Street Address		Home Phone Number	
City	State	Zip Code	Cell/Business Number
Position Applied For		Date Available	Minimum Salary Desired
Are you available to work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Assignment <input type="checkbox"/> Summer/Seasonal Assignment	Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Eagle Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Job Search Website <input type="checkbox"/> Relative Do you have any relative employed by Eagle Communications? If yes, name and relationship _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by Eagle Communications, Inc. or an affiliate company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date and location. _____		
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration No. _____			
Have you ever been convicted of a felony? If yes, please explain. (A conviction will not be an automatic bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If offered employment, a physical examination and substance abuse screening may be required as a result of the position applied for. Would you consent to a physical and substance abuse screening? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Experience— complete in detail even if a resume has been or is being submitted

List all former employers, beginning with the present or most recent and working back to your first employer. Use an additional sheet of paper, if necessary, to complete this listing.

1	From (month/year)	To (month/year)	Name of Employer	Telephone Number
	Starting job title / final job title		Street Address	City State Zip
	Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving		Compensation	Starting Ending
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$	per \$ per
2	From (month/year)	To (month/year)	Name of Employer	Telephone Number
	Starting job title / final job title		Street Address	City State Zip
	Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving		Compensation	Starting Ending
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$	per \$ per
3	From (month/year)	To (month/year)	Name of Employer	Telephone Number
	Starting job title / final job title		Street Address	City State Zip
	Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving		Compensation	Starting Ending
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$	per \$ per
4	From (month/year)	To (month/year)	Name of Employer	Telephone Number
	Starting job title / final job title		Street Address	City State Zip
	Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving		Compensation	Starting Ending
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$	per \$ per
5	From (month/year)	To (month/year)	Name of Employer	Telephone Number
	Starting job title / final job title		Street Address	City State Zip
	Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving		Compensation	Starting Ending
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$	per \$ per

U.S. Military Service

Have you served as a member of the armed forces of the U.S.? If yes, complete the following.

Yes No

Entry date	Discharge date	Branch	# of people under your command	Last rank
Major duties				
Specialized training				

Education— complete in full even if a resume has been or is being submitted

School name	Address	Scholastic Average	Major/Minor	Degree/Certificate
High School				
Extra-curricular activities				
College (s)				
Extra-curricular activities				
Graduate school (s)				
Thesis/ Doctoral Dissertation				
Technical school/ business school/ others				
Course (s)				
List academic honors, prizes, scholarships, and fellowships				

General Information

Are you willing to relocate? Yes No

Are you willing to travel? Extensive Limited Not at all

Professional licenses/certifications

Have you ever entered into any employment or other confidentiality agreement that could limit the scope of your employment at Eagle Communications, Inc.?
If yes, please provide details.

Yes No

Please list any inventions or publications you are responsible for, or any patents you own (if none, write none)

List all foreign languages you can speak and understand

Professional/ business references

Name	Address	City	State	Zip	Phone No.	Occupation
1						
2						
3						

