Submit by Email

ON LINE EMPLOYMENT APPLICATION

After filling out questions, press submit button above to send application in and at the same time will print you
Print out a hard copy on your printer

PLEASE TYPE IN ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Reset Form

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

www.EagleMediaInc.com

Eagle Media, Inc.
7717 S. Loomis Rd.
Wind Lake, WI 53185

Eagle Media, Inc. Standard Employment Application Form

Pre-Employment Questionnaire

Equal Opportunity Employer

PERSONAL INFORMATION

Todays Date

SOCIAL SECURITY NO

LAST NAME

FIRST NAME

Present address

City,State

Zip

Permanent Address

City,State

Zip

Phone

Referred by

EMPLOYMENT/POSITIION DESIRED

Date you can start

Salary Desired

Are you currently employed? ☐ No ☐ Yes

If yes, can we contact your present employer? ☐ No ☐ Yes

Ever Applied to Eagle Before? ☐ No ☐ Yes

If yes, When?

Education History

	Name of School	Years Attended	Did you graduate?	Subjects Studied
Grammer School		Years?	☐ No ☐ Yes	Subjects?
High School		Years?	☐ No ☐ Yes	Subjects?
Trade School		Years?	☐ No ☐ Yes	Subjects?
College School		Years?	☐ No ☐ Yes	Subjects?

General Information

Subjects of Special Study/ Research Work or Special Training/ Skills

General Information - Continued

U.S. Military or Naval Service _____ Rank _____

Former Employers: List below last four employers (starting with last one first), Date, Month & Year and reason for leaving

	Name & Address of Employer	Salary & Position	Reason for Leaving
From: To:	Name & Address	Salary & Position	Reason for Leaving
From: To:	Name & Address	Salary & Position	Reason for Leaving
From: To:	Name & Address	Salary & Position	Reason for Leaving
From: To:	Name & Address	Salary & Position	Reason for Leaving

REFERENCES - GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name		Address		Occupation		Years Known	
Name		Address		Occupation		Years Known	
Name		Address		Occupation		Years Known	

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Type Signature in if emailed, Sign if printed and mailed _____