



**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.)

Name (First, Middle, Last) : \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Desired pay range: \_\_\_\_\_

Will you submit to random drug testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use tobacco? Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have your consent to perform a background check (mandatory for employment)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain on back.

Are 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) \_\_\_\_\_

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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: