



2162 Country Lane  
McKinney, Texas 75069  
214-644-2444

## Employment Application

### An Equal Opportunity Employer

Eagle Barricade, LLC. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

### Applicant Information

Applicant Name \_\_\_\_\_

DOB \_\_\_\_\_

SSN \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address:

Number and street \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

How were you referred to Eagle Barricade? \_\_\_\_\_

### Employment Positions

Position(s) applying for: \_\_\_\_\_

**Are you applying for:**

- Temporary work – such as summer or holiday work? [ ] Y or [ ] N
- Regular part-time work? [ ] Y or [ ] N
- Regular full-time work? [ ] Y or [ ] N

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available?  
\_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you work on the weekends? [ ] Y or [ ] N

Can you work evenings? [ ] Y or [ ] N

Are you available to work overtime? [ ] Y or [ ] N

Salary desired: \$ \_\_\_\_\_

**Personal Information:**

Do you have a valid Driver License? [ ] Y or [ ] N  
If yes, please provide expiration date: \_\_\_\_\_

Have you ever applied to / worked for Eagle Barricade before? [ ] Y or [ ] N  
If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Eagle Barricade? [ ] Y or [ ] N  
If yes, state name & relationship: \_\_\_\_\_

If hired, would you have transportation to/from work? [ ] Y or [ ] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [ ] Y or [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N

If hired, are you willing to submit to and pass a controlled substance test? [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [ ] Y or [ ] N

If no, describe the functions that cannot be performed

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*(Note: Eagle Barricade, LLC. complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

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If Yes please provide Probation Officers Name and Number:

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*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

## Education, Training and Experience

### High School:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

### College / University:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

### Vocational School:

Name: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma? : \_\_\_\_\_

### Military:

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

### Additional Information

Do you speak, write or understand any foreign languages? [ ] Y or [ ] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be. \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Y or  N

If yes, please explain \_\_\_\_\_

### **Employment History**

Are you currently employed?  Y or  N

If you are currently employed, may we contact your current employer?  Y or  N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position &

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
May we contact this employer for references?  Y or  N

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_



Length of Employment (Include Dates): \_\_\_\_\_  
Position &  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position &  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

## References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Number of Years Acquainted:

\_\_\_\_\_

Name - First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted:

\_\_\_\_\_

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Eagle Barricade, LLC.

\_\_\_\_\_

I permit Eagle Barricade, LLC. to examine my references, record of employment, education record, driving record and background and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

Applicant hereby consents to the conducting of a background check by Eagle Barricade, LLC, to the full extent permitted by law at any time. Such a background check may include, but shall not be limited to, a judgment and public criminal record check, fingerprinting, and drug and/or alcohol screening and driving record. The Applicant agrees not to hold Eagle Barricade liable for any claims in connection with such checking or testing or the reporting of the results thereof to Company.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## EEO-1 Voluntary Self Identification Form

Eagle Barricade LLC.

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Eagle Barricade to determine this information by visual survey and/or other available information.

**NAME:** \_\_\_\_\_

**POSITION(S) FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

### **GENDER:**

(Please check one of the options below)

- Male
- Female

### **RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native American or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- I do not wish to disclose.**