



EAGLE RIVER HOMES

APPLICATION FOR EMPLOYMENT (Please Print)

Equal Opportunity Employer
M/F/D/V
All applications will remain on file for 90-
days
Eagle River Homes participates in the E-
Verify program-please read the poster
attached to clip board for more details.

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you eligible for employment in the United States		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If offered employment you will be required to provide documentation to verify eligibility.	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever plead guilty to or been convicted of a felony or misdemeanor within the past 7 years? (excluding convictions which have been annulled or expunged)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give details of the offense. (Please note that a conviction record will not necessarily prevent employment with the Company. Such factors as nature of offense, aggravating and mitigating circumstances and the relationship to the duties you will be assigned with the Company will be	

EDUCATION

High School		Addresses	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES

Please list two references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

OCCUPATIONAL QUALIFICATIONS

<u>JOB EXPERIENCE</u>	<u>TOOL/EQUIPMENT OPERATION</u>	<u>OFFICE SKILLS</u>
_____ Plumbing _____ Electrical Wiring _____ Sheet Metal _____ Roofing _____ Drywall _____ Painting _____ Rough Carpentry _____ Finish Carpentry _____ Mechanical Repair Other Skills and Abilities: _____ _____	_____ Power Tools _____ Arc Welding _____ Gas Welding _____ MIG Welding _____ Truck Driving _____ Lift Truck	_____ Typing _____ W.P.M. _____ Personal Computers _____ MS Word _____ Excel _____ PowerPoint _____ CAD Equipment

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

How did you hear about this opportunity? _____

Name of Friend/Relative Employed at Eagle River:

Name: _____ Relationship: _____ Position: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I hereby authorize Eagle River Homes, its subsidiaries, and/or its agents or representatives to investigate or cause an investigation to be made of my education, employment experience, military release, criminal review, motor vehicle record, when applicable, and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. I understand that any job offer is contingent upon receipt by Eagle River Homes of employment references acceptable to the Company. I also agree to release Eagle River its subsidiaries and/or its agents or representatives, as well as any person to whom such inquiry is directed, from any liability arising directly or indirectly from such investigation. **My signature on this statement serves as permission for all past employers and agencies to release all information requested by Eagle River Homes. A photo copy or fax of this signed statement may be utilized the same as the original.**

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two hours after commencement of employment. You will also be required to sign Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

Eagle River Homes is committed to hiring qualified individuals with disabilities and does not discriminate in hiring, employment, job assignment, promotion, discipline, or termination against individuals with disabilities. The American with Disabilities Act and the Pennsylvania Human Relations Act requires reasonable accommodation of individuals and prohibits employment discrimination against disabled persons. Your rights under this Act permits you to voluntarily identify or disclose during the hiring process or any time after employment information about any physical or mental limitations that you believe may or may not interfere with your capability to do this job for the Company to consider special arrangements to accommodate the physical or mental impairment.

I consent to take any physical examinations, including tests for alcohol or illegal drugs that may be requested by the Company: (1) after an offer of employment, but before beginning work; and (2) while working for the Company as permitted by law. I understand that the Company may disqualify me for employment as a result of a positive test for illegal drugs or if I am not physically able to perform the essential functions of the position for which I have been considered. All physical examinations conducted by the Company or its designees will be consistent with its business practices and related to the job for which you are applying. I authorize any health care professional who performs such an examination to release such information to the Company.

If employed, I agree to abide by the rules and regulations of the Company. I recognize that my employment is at-will, i.e. that either I or the Company may terminate my employment at any time, for any or no reason, with or without notice. I also understand that this application is not an employment contract.

I understand that all phases of employment at the Company are based strictly on the qualification of the individual as related to the work requirements of the positions. This policy is applied without regard to race, religion, color, sex, national origin, ancestry, age (40 and over), disability, veteran status or any other category covered by applicable law.

Signature _____

Date _____

APPLICANTS - DO NOT WRITE BELOW

Was this applicant interviewed? Yes No If yes, date of interview: _____

Position considered for _____

Name of interviewer _____

Date: _____