

## **APPLICATION FOR EMPLOYMENT**

Applicant, complete pages 2, 3 and 4. Read carefully and sign and date application.

- Equal Opportunity Employer
- Scott Companies is a drug-free, smoke-free workplace

DO NOT WRITE INSIDE DOTTED AREA BELOW (This area for company use)

Summary of Interview:					
Interviewed by:				_ Date:	
Accepted for Employment:	Yes		No		
Scheduled to Start Work:	1		1		
	Month	Day	Year	-	
Starting Rate: \$	per			-	
Approved By:				Date:	



We are an Equal Opportunity Employer. It their qualifications and abilities without regarnational origin or veteran status.				
If this is not submitted digitally, please print clear in that space. You must complete your own app date. After that time the application must be rer	olication. This applica	ation will be considered		
Date:	_			
Position Applied for:				
Were you previously employed by us?	Yes	No		
- If yes when?				
- What location?				
f your application is considered favorably, who	en will you be able to	o start work?		
Nome				
Name:	First		Middle	
Social Security Number:		_		
Present Address: Street	Apt. #	City	State	Zip
Phone: Include Area Code	_			
Are you legally eligible for employment in the l	J.S.A.?	Yes No		
Are you of legal age to work?	res No			



## **EDUCATION RECORD**

School	Name and Location of School	Course of Study/Degree	Years Completed	Did You Graduate?
High School			1234	Yes No
Business/ Trade/Tech			1234	Yes No
College			1234	Yes No

List any qualifications, licenses, certifications, and/or skills you have relevant to the position applied for?

## **EMPLOYMENT HISTORY** (Begin with your present or most recent employer)

Company Name	Phone (Include Area Code)
Address	Employed (Month & Year)
	From To
Name of Supervisor	Salary or Hourly Wage
	Starting Final
Describe Your Work	Reason for Leaving
Company Name	Phone (Include Area Code)
Address	Employed (Month & Year)
	From To
Name of Supervisor	Salary or Hourly Wage
	Starting Final
Describe Your Work	Reason for Leaving
Company Name	Phone (Include Area Code)
Address	Employed (Month & Year)
	From To
Name of Supervisor	Salary or Hourly Wage
	Starting Final
Describe Your Work	Reason for Leaving



## **MILITARY SERVICE**

If yes: State License # Expiration Date  Would you be willing to relocate now and/or in the future? Yes No  If selected for employment are you willing to submit to a pre-employment drug screening test? Yes No  If selected for employment are you willing to submit to a pre-employment drug screening test? Yes No  If information provided in my application for employment is true, correct, and complete to the best of my knowledge. I understand that any false or misleading statement or ornission of fact on this application may result in its rejection or, if employed, my dismissal. The company has my permission to obtain all necessary information from the references I have listed or any other sources concempry prior employment, personal history and credit standing, and I release all parties from any and all possible damages resulting from the disclosure of such information with or without prior written notice to me. I understand that I have the right to request, in writing, the scope and nature of any investigative reports furnished to the Company.  I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I understand that my employment is 'it will' and may be terminated at any time and for any reason by either party.  In making this application for employment, I understand and accept that any part of the application and employment process, and/or during employment with the Company, I may be asked to submit to physical examinations which may include testing for alcohol and drug, sall in accordance with law. If further understand that my eligibility for employment with the Company is contingent upon my passing an alcohol and drug test, and, in the event that I fail such a test, my employment may be denied or terminated. By signing this application in hereby agree to submit to such examinations and tests, voluntarily waive my patient/physician privilege of confidentiality with regard to the release, examinations and tests, and authorize the release of thos	IMPORTANT: Read Carefully and Sign Below  The information provided in my application for employment is true, correct, and complete to the best of my knowledge. I understand that any false or misleading statement or omission of fact on this application may result in its rejection or, if employed, my dismissal. The company has my permission to obtain all necessary information from the references I have listed or any other sources concerning my prior employment, personal history and credit standing, and I release all parties from any and all possible damages resulting from the disclosure of such information with or without prior written notice to me. I understand that I have the right to request, in writing, the scope and nature of any investigative reports furnished to the Company.  I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I understand that my employment is "at will" and may be asked to submit to physical examinations with the Company, I may be asked to submit to physical examinations with the Amongany, I may be asked to submit to physical examinations with the Company my bassing an alcohol and drugs est, and, in the event that I fail such a test, my employment may be denied or terminated. By signing this application. Hereby agree to submit to such examinations and tests, and authorize the release of those results to the appropriate entities within the Company; I further agree to release, inderninfy, and hold harmless all parties involved of any kind of liability or damages, direct or indirect, arising from such examinations or tests and waive any and all rights under such recruitments.		From	То	Rank and Duties
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