



**SCOTT
EQUIPMENT**
HEAVY-DUTY COMMITMENT

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: _____ / _____ / _____
Month Day Year

Starting Rate: \$ _____ per _____

Approved By: _____ Date: _____



We are an Equal Opportunity Employer. It is our express policy to employ and advance individuals based upon their qualifications and abilities without regard to race, color, religion, sex, sexual orientation, gender identity, disability, national origin or veteran status.

If this is not submitted digitally, please print clearly in dark ink. Please fill in all spaces; if an item does not apply, write "N/A" in that space. You must complete your own application. This application will be considered active for sixty (60) days from this date. After that time the application must be renewed to be considered.

Date: _____

Position Applied for: _____

Were you previously employed by us? Yes No

– If yes when? _____

– What location? _____

If your application is considered favorably, when will you be able to start work? _____

Name: _____
Last First Middle

Social Security Number: _____

Present Address: _____
Street Apt. # City State Zip

Phone: _____
Include Area Code

Are you legally eligible for employment in the U.S.A.? Yes No

Are you of legal age to work? Yes No



EDUCATION RECORD

School	Name and Location of School	Course of Study/Degree	Years Completed	Did You Graduate?
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/ Trade/Tech			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Branch of Service	From	To	Rank and Duties

ADDITIONAL INFORMATION

Do you have a valid driver's license? Yes No

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

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 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 drugs, all in accordance with law. I 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, I hereby agree to submit to such examinations and tests, voluntarily waive my patient/physician privilege of confidentiality with regard to the results of such examinations and tests, and authorize the release of those results to the appropriate entities within the Company. I further agree to release, indemnify, 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 circumstances and for all purposes, to object to or contest the denial or termination of employment under such circumstances.

Applicant's Signature: _____ Date: _____