



APPLICATION FOR EMPLOYMENT

Scott Coatings, LLC IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER AND FULLY COMPLIES WITH APPLICABLE FEDERAL, STATE AND/OR LOCAL LAWS, ORDERS AND REGULATIONS.

ALL APPLICANTS ARE SUBJECT TO PRE-EMPLOYMENT DRUG SCREENING

PERSONAL INFORMATION

DATE _____

NAME

LAST FIRST MIDDLE

ADDRESS

STREET CITY STATE ZIP

PHONE NO. _____ SECONDARY PHONE: _____

ARE YOU OVER 18 YEARS OF AGE? YES NO

*Proof of U.S. citizenship or immigration status will be required upon employment

ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO If yes, please give details: _____

EMPLOYMENT DESIRED

POSITION APPLYING FOR:	DATE AVAILABLE TO WORK:	SALARY DESIRED
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE YES <input type="checkbox"/> NO <input type="checkbox"/>	REFERRED BY:	
CAN YOU WORK DAYS? YES <input type="checkbox"/> NO <input type="checkbox"/>	CAN YOU WORK NIGHTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	CAN YOU WORK WEEKENDS? YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE ANY RESTRICTIONS WHICH CAN AFFECT YOUR WORK SCHEDULE AVAILABILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE GIVE DETAILS:		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

U.S. MILITARY OR NAVAL SERVICE

SPECIAL EDUCATION OR TRAINING

EMPLOYMENT HISTORY

Please start with your most RECENT job and work BACKWARDS for the past 10 years.

Employer's business name	Employment dates: From (mo/yr) To (mo/yr)
Employer's address and phone number	Contact name and title
Reason for leaving	Annual Salary
Describe the job duties and type of equipment or tools used or operated.	

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DRUG-FREE WORKFORCE POLICY

IT IS Scott Coatings, LLC POLICY TO ACHIEVE AN ALCOHOL-FREE/DRUG-FREE ENVIRONMENT, THE DISPENSATION, POSSESSION, OR USE OF ALCOHOL OR ILLEGAL DRUGS WILL BE STRICTLY PROHIBITED IN THE WORKPLACE AND ON WORK TIME. ALL NEW HIRES WILL BE REQUIRED TO TAKE MEDICAL TESTS TO DETERMINE ALCOHOL AND/OR DRUG LEVELS. IT IS UNDERSTOOD THAT NEW EMPLOYEES WILL BE CONSIDERED PROBATIONARY UNTIL SUCH TIME AS THE RESULTS OF THE TESTS ARE KNOWN TO THE HUMAN RESOURCES DIRECTOR.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE

SIGNATURE