

Scott Process Systems, Inc.

Employment Application

Scott Process Systems, Inc., is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data			
First Name	Middle	Last Name	
Street Address	City	State	Zip Code
Home Telephone Number	Social Security Number	Today's Date	
Daytime Telephone Number at which we may contact you			

Are you 18 years of age or older? Yes No

Have you ever been convicted of a crime? Yes No

If "yes", please explain:					
How were you referred to Scott Process Systems, Inc.? Please check the number of the most appropriate response.					
College or University <input type="checkbox"/>	Recruiter or Agency <input type="checkbox"/>	Employee <input type="checkbox"/>	Advertisement <input type="checkbox"/>	No Referral; Walk-In <input type="checkbox"/>	Other: <input type="checkbox"/>

Position Preferences						
For what position are you applying?						
Client Company Name						
Salary desired:		per	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Year	
Schedule desired:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	# of Hours Per Week			
Could you work overtime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
What date could you start work?						
Could you travel if required by this position?	Yes <input type="checkbox"/>	% of Time	No <input type="checkbox"/>			

Education	
High School	
School Name:	
City and State:	
Degree or # of Years Completed:	
Major or Subject:	
Grade Point Average:	

College # 1	
School Name:	
City and State:	
Degree or # of Years Completed:	
Major or Subject:	
Grade Point Average:	

College #2	
School Name:	
City and State:	
Degree or # of Years Completed:	
Major or Subject:	
Grade Point Average:	

Graduate School	
School Name:	
City and State:	
Degree or # of Years Completed:	
Major or Subject:	
Grade Point Average:	

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

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List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

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Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer:			
City and State:			
Telephone Number:			
Supervisor's Name and Title:			
Position Title:			
Reason for Leaving:			
Salary:		per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	
Dates of Employment:	From:		To:
May we contact your employer?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Previous Employer:			
City and State:			
Telephone Number:			
Supervisor's Name and Title:			
Position Title:			
Reason for Leaving:			
Salary:		per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	
Dates of Employment:	From:		To:
May we contact your employer?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Previous Employer:			
City and State:			
Telephone Number:			
Supervisor's Name and Title:			
Position Title:			
Reason for Leaving:			
Salary:		per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	
Dates of Employment:	From:		To:
May we contact your employer?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Previous Employer:			
City and State:			
Telephone Number:			
Supervisor's Name and Title:			
Position Title:			
Reason for Leaving:			
Salary:		per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	
Dates of Employment:	From:		To:
May we contact your employer?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Professional References

Name	Title	Company
Phone	Professional Relationship	

Name	Title	Company
Phone	Professional Relationship	

Name	Title	Company
Phone	Professional Relationship	

Name	Title	Company
Phone	Professional Relationship	

All hiring and employment at Scott Process Systems, Inc., is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Scott Process Systems, Inc., has no specific term and may be terminated by the employee or Scott Process Systems, Inc., with or without notice. I acknowledge that Scott Process Systems, Inc., has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Scott Process Systems, Inc., and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Scott Process Systems, Inc., I agree to release and hold harmless Scott Process Systems, Inc., from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Scott Process Systems, Inc., may be terminated.

_____.
Applicant's Signature

Date

Applicant Release

Please submit a resume with this Employment Application.

Scott Process Systems, Inc.

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Scott Process Systems, Inc., and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

Print Full Name:		Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Print other names you have used:		Dates used:	
Date of Birth (mm/dd/yy):		Social Security #:	
Current Drivers License #:		Issuing State:	
Other Drivers License #'s:		Issuing State:	

(list last 7 years only)

Home Addresses (for the last 7 years, list most current first -- use back for more space):

Street:		City:		State:	
Zip:		County:			
From – To Dates:		to			

Street:		City:		State:	
Zip:		County:			
From – To Dates:		to			

Street:		City:		State:	
Zip:		County:			
From – To Dates:		to			

Street:		City:		State:	
Zip:		County:			
From – To Dates:		to			

Street:		City:		State:	
Zip:		County:			
From – To Dates:		to			

Check here if there are addresses listed on back _____