

SCOTT

TRUCK, L.L.C.

Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone () -
City, State, Zip			
Business Phone () -			Email Address:
What was your previous address?			How long at present address? _____ Years _____ Months
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			How long at present address? _____ Years _____ Months
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			
How did you learn of our organization?			
Are you legally eligible for employment in the United States?			When will you be able to work?
Are you employed now?			If so, may we inquire of your present employer?
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.			

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

Yes No If Yes, please explain.

Any Violations?

Yes No

Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year)
	From _____ To _____
	Rank at Discharge
	Date of Final Discharge

Employment History Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone () -
Address	Employed (Start Month and Year)
1. Name of Supervisor	From _____ To _____
	Hourly Rate
Start Job Title and Describe Your Work	Start _____ Last _____
	Reason for Leaving

Company Name		Telephone () -	
Address		Employed (Start Month and Year)	
2.	Name of Supervisor	From	To
		Hourly Rate	
		Start	Last
Start Job Title and Describe Your Work		Reason for Leaving	

Company Name		Telephone () -	
Address		Employed (Start Month and Year)	
3.	Name of Supervisor	From	To
		Hourly Rate	
		Start	Last
Start Job Title and Describe Your Work		Reason for Leaving	

Company Name		Telephone () -	
Address		Employed (Start Month and Year)	
4.	Name of Supervisor	From	To
		Hourly Rate	
		Start	Last
Start Job Title and Describe Your Work		Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do not contact	
	Employer Number(s) _____	
	Reason _____	

References: Give below the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business	Years Acquainted
1.				
2.				
3.				

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, age, handicap (provided it does not interfere with job performance with reasonable accommodation), national origin or veteran status.

IMPORTANT: Read Carefully and Sign Below

The information provided in this 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 or 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 as 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 test, 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 and all liabilities 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.

Date

Signature