



SCOTT JOHNSON SPECIALTY SERVICES

EMPLOYMENT APPLICATION

Please complete all sections. Type directly into this form or print and fill in by hand.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION
STREET ADDRESS			APT / UNIT
CITY	STATE	ZIP CODE	
PHONE	ALTERNATE PHONE	EMAIL ADDRESS	
Are you legally eligible to work in the United States?		☐ Yes	☐ No
Are you at least 18 years of age?		☐ Yes	☐ No
Do you have a valid driver's license?		☐ Yes	☐ No
Do you have reliable transportation to job sites?		☐ Yes	☐ No
DRIVER'S LICENSE STATE	CDL CLASS (IF ANY)	CDL ENDORSEMENTS	

POSITION & AVAILABILITY

POSITION APPLIED FOR	DESIRED PAY	AVAILABLE START DATE
Employment type: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Temporary		
Are you able to work overtime, nights, or weekends if needed?		☐ Yes ☐ No
Are you willing to travel for out-of-town jobs?		☐ Yes ☐ No
Have you ever worked for SJSS before?		☐ Yes ☐ No
IF YES, WHEN?	HOW DID YOU HEAR ABOUT US?	

EDUCATION & TRAINING

HIGH SCHOOL / GED			
SCHOOL NAME	CITY, STATE	GRADUATED? (Y/N)	DIPLOMA / DEGREE / CERTIFICATE
TRADE / VOCATIONAL			
SCHOOL NAME	CITY, STATE	GRADUATED? (Y/N)	DIPLOMA / DEGREE / CERTIFICATE
COLLEGE			
SCHOOL NAME	CITY, STATE	GRADUATED? (Y/N)	DIPLOMA / DEGREE / CERTIFICATE

EMPLOYMENT HISTORY

List your three most recent employers, starting with the most recent.

EMPLOYER 1

COMPANY NAME		PHONE	CITY, STATE	
JOB TITLE	SUPERVISOR		FROM (MM/YY)	TO (MM/YY)
STARTING PAY	ENDING PAY	REASON FOR LEAVING		
DUTIES & RESPONSIBILITIES				

May we contact this employer? ☐ Yes ☐ No

EMPLOYER 2

COMPANY NAME		PHONE	CITY, STATE	
JOB TITLE	SUPERVISOR		FROM (MM/YY)	TO (MM/YY)
STARTING PAY	ENDING PAY	REASON FOR LEAVING		
DUTIES & RESPONSIBILITIES				

May we contact this employer? ☐ Yes ☐ No

EMPLOYER 3

COMPANY NAME		PHONE	CITY, STATE	
JOB TITLE	SUPERVISOR		FROM (MM/YY)	TO (MM/YY)
STARTING PAY	ENDING PAY	REASON FOR LEAVING		
DUTIES & RESPONSIBILITIES				

May we contact this employer? ☐ Yes ☐ No

SKILLS, LICENSES & CERTIFICATIONS

TRADE SKILLS AND EQUIPMENT YOU ARE QUALIFIED TO OPERATE (E.G. EXCAVATOR, SKID STEER, PIPE FITTING, WELDING)

LICENSES & CERTIFICATIONS HELD (E.G. OSHA 10/30, JOURNEYMAN, MASTER, CONFINED SPACE) - INCLUDE NUMBER AND EXPIRATION

REFERENCES

Please list three professional references who are not related to you.

REFERENCE 1 - FULL NAME	RELATIONSHIP	PHONE	YEARS KNOWN
REFERENCE 2 - FULL NAME	RELATIONSHIP	PHONE	YEARS KNOWN
REFERENCE 3 - FULL NAME	RELATIONSHIP	PHONE	YEARS KNOWN

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section **EVEN IF** you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

APPLICANT AUTHORIZATION

I authorize Scott Johnson Specialty Services to contact the employers and references listed above. I understand that employment may be contingent upon a drug screening and verification of my driving record, and that nothing in this application creates a contract of employment.

If asked, are you willing to consent to a background check?

☐ Yes ☐ No

APPLICANT SIGNATURE

PRINTED NAME

DATE

FOR OFFICE USE ONLY

Received by

Interview date

Hired? Y / N

Start date

Notes: