SCOTT'S FIRST AID INC.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name:

Date of Birth:

Address:

City, State, ZIP:

Phone Number:

Email Address:

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

POSITION INFORMATION

Position Applied For:

Desired Starting Pay (hourly or salary):

Available Start Date:

Days/Hours Available:

Type of Employment: ☐ Full-Time ☐ Part-Time ☐ Temporary

EMPLOYMENT HISTORY

Please provide your three most recent employers. Attach additional pages if needed.

Employer #1 - Company Name:

Employer Address:

Supervisor Name & Phone:

Job Title:

Starting Pay:

Ending Pay:

Dates of Employment (From / To):

Reason for Leaving:

EMPLOYER #2

Company Name:

Employer Address:

Supervisor Name & Phone:

Job Title:

Starting Pay:

Ending Pay:

Dates of Employment (From / To):

Reason for Leaving:

EMPLOYER #3

Company Name:

Employer Address:

Supervisor Name & Phone:

Job Title:

Starting Pay:

Ending Pay:

Dates of Employment (From / To):

Reason for Leaving:

EDUCATION & TRAINING

High School:

College / Trade School:

Degree / Certification:

High School Graduated? ☐ Yes ☐ No

Other Schooling / Training:

SKILLS & QUALIFICATIONS

Relevant skills, certifications, or experience:

BACKGROUND INFORMATION

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain (a conviction does not automatically disqualify you):

VETERAN STATUS (OPTIONAL)

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No

Branch of Service:

Dates of Service:

REFERENCES

#1 Name:		Phone:		Relationship:	
#2 Name:		Phone:		Relationship:	
#3 Name:		Phone:		Relationship:	

ADDITIONAL INFORMATION

Applicants may attach a resume with additional employment history, skills, or qualifications.

EQUAL EMPLOYMENT OPPORTUNITY

Scott's First Aid Inc. is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, veteran status, or any other protected status in accordance with applicable federal, state, and local laws.

APPLICANT ACKNOWLEDGMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false statements may result in disqualification from employment or termination if hired.

I understand that employment with Scott's First Aid Inc. is at-will, subject to applicable law.

Applicant Signature: _____

Date: _____

Please review all answers before signing and submitting this application.