

Employment Application – Scott’s First Aid Inc.

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? _____

Are you at least 18 years of age? _____

Position Information

Position Applied For: _____

Type of Employment (Full-Time / Part-Time / Temporary): _____

Desired Starting Pay (hourly or salary): _____

Available Start Date: _____

Days/Hours Available: _____

Employment History

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

High School: _____ Graduated: _____

College/Trade School (if applicable): _____

Degree/Certification: _____

Other Schooling / Training

Please list any additional schooling, certifications, or training:

Skills & Qualifications

List relevant skills, certifications, or experience:

Background Information

Have you ever been convicted of a felony? _____

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

Veteran Status (Optional)

Have you served in the U.S. Armed Forces? _____

Branch of Service: _____

Dates of Service: _____

References

Reference #1 – Name: _____

Phone: _____ Relationship: _____

Reference #2 – Name: _____

Phone: _____ Relationship: _____

Reference #3 – Name: _____

Phone: _____ Relationship: _____

Additional Information

Applicants may attach a resume to this application to provide additional employment history, skills, or qualifications.

Equal Employment Opportunity Statement

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 any 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.

Signature: _____ Date: _____