



Application for Employment

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

Telephone Number: (____) _____

Are you over 18 years old? ☐ Yes ☐ No

If hired, can you furnish proof you are eligible to work in the U.S.? ☐ Yes ☐ No

Have you ever been employed here or any other Scott Fetzer company? ☐ Yes ☐ No When? _____

Check which one you are applying for: ☐ Part-Time ☐ Full Time ☐ Temporary or Summer

Are you willing to work overtime as required? ☐ Yes ☐ No Comments: _____

Are you willing to submit to pre-employment drug screening? ☐ Yes ☐ No

Have you ever been fired from a job or asked to resign? ☐ Yes ☐ No If yes, please explain: _____

Education	Name & Location of School	Major	Diploma/Degree
High School			
College/University			
College/University			
Other Training/Education			

Positions Applied for: 1. _____ 2. _____

Wage or Salary desired: \$ _____ Per _____ When can you start? _____

EMPLOYMENT RECORD: Include any periods of unemployment. Give complete names and addresses. If self-employed, give firm name and one business reference. Please give month & year.

Employed		(Give most recent employer first) EMPLOYER'S NAME, ADDRESS & PHONE #	NAME OF LAST SUPER- VISOR	WHAT DID YOU DO?	SALARY OR WAGE	REASON FOR LEAVING
From	To					

Are you presently employed? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorized the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen.

I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR A DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. IF EMPLOYED, I AGREE TO ABIDE BY ALL PRESENT AND SUBSEQUENTLY ISSUED POLICIES, PROCEDURES AND RULES OF THE COMPANY.

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that, if employed, I may be required to complete an Employment Eligibility form in accordance with applicable law.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.
Ask the organization representative for details.

