

APPLICATION FOR EMPLOYMENT

SCARC, Inc. is an equal opportunity, affirmative action employer. Drug Free Workplace.
 The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color,
 religion or national origin.
 Public Law 90-202 prohibits discrimination because of age.

PERSONAL INFORMATION

DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

PRESENT MAILING ADDRESS: _____ CITY/STATE/ZIP _____

TELEPHONE NUMBER: () _____

PERMANENT ADDRESS: _____ CITY/STATE/ZIP _____

TELEPHONE NUMBER: () _____

EMERGENCY CONTACT:

NAME: _____

TELEPHONE NUMBER: () _____

OPTIONAL INFORMATION:

DATE OF BIRTH: _____ MARITAL STATUS: _____ SEX: _____

PLEASE CIRCLE ONE: SMOKER NON-SMOKER

EMPLOYMENT DESIRED:

SALARY DESIRED: _____ DATE AVAILABLE: _____

REFERRED BY: _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOY? YES NO
 IF SO, STATE NAME: _____

HAVE YOU EVER WORKED HERE BEFORE? YES NO
 IF SO, WHEN: _____

EDUCATIONAL BACKGROUND

	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
BUSINESS/TRADE/ TECHNICAL				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
HIGH SCHOOL				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	

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LICENSES & TRAINING:

DO YOU HAVE A DRIVERS LICENSE? ___ YES ___ NO CDL? ___ YES ___ NO

DO YOU HAVE A CURRENT 1ST AID CARD? ___ YES ___ NO

DO YOU HAVE A CURRENT CPR CARD? ___ YES ___ NO

LIST ANY SPECIAL TRAINING AND DATES: _____

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER

COMPANY NAME	TELEPHONE ()
MAILING ADDRESS	EMPLOYMENT DATES (STATE MONTH & YEAR)
CITY/STATE/ZIP	
SUPERVISOR	WEEKLY PAY
YOUR JOB TITLE	START \$ LAST \$
DESCRIBE WORK	REASON FOR LEAVING

COMPANY NAME	TELEPHONE ()
MAILING ADDRESS	EMPLOYMENT DATES (STATE MONTH & YEAR)
CITY/STATE/ZIP	
SUPERVISOR	WEEKLY PAY
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PERSONAL REFERENCES

PLEASE LIST AT LEAST FOUR PEOPLE WHO ARE NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. GIVE COMPLETE MAILING ADDRESSES YOUR APPLICATION CANNOT BE CONSIDERED WITHOUT THIS INFORMATION.

NAME:	TELEPHONE ()
MAILING ADDRESS	YEARS ACQUAINTED:
CITY/STATE/ZIP	RELATIONSHIP:

NAME:	TELEPHONE ()
MAILING ADDRESS	YEARS ACQUAINTED:
CITY/STATE/ZIP	RELATIONSHIP:

NAME:	TELEPHONE ()
MAILING ADDRESS	YEARS ACQUAINTED:
CITY/STATE/ZIP	RELATIONSHIP:

NAME:	TELEPHONE ()
MAILING ADDRESS	YEARS ACQUAINTED:
CITY/STATE/ZIP	RELATIONSHIP:

CERTIFICATION:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and maybe terminated at any time without any previous notice.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____

CHARACTER: _____

PERSONALITY: _____

ABILITY: _____

RECOMMENDATION: _____