

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of this organization. **SCOTT LEPMAN COMPANY IS AN "AT-WILL" EMPLOYER.**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Position(s): \_\_\_\_\_

Date available to start work: \_\_\_\_\_

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

**REQUIRED:** Drive to job sites. Your Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Is your ODL current and valid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Vehicle Insurance Co. Name: \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain \_\_\_\_\_

\_\_\_\_\_ Which State(s)? \_\_\_\_\_ (a conviction will not automatically bar employment)

### **Employment History: Start with most recent. (List duties at each job.)**

**List ALL places worked whether it applies to this position or not.**

●Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

*If presently employed, can we contact your supervisor?*  Yes  No

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Describe duties: (type? wpm \_\_\_ & computer programs used if applies): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

●Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

*Is supervisor still available to contact?*  Yes;  No Explain: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Describe duties: (type wpm? \_\_\_ & computer programs used if applies): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employment History Continued: List all work history even if not related to this position.**

●Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
*Is supervisor still available to contact?  Yes;  No Explain:* \_\_\_\_\_  
**Dates employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ Salary: \_\_\_\_\_  
**Describe duties:** (type wpm? \_\_\_ & computer programs used if applies): \_\_\_\_\_  
\_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

●Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
*Is supervisor still available to contact?  Yes;  No Explain:* \_\_\_\_\_  
**Dates employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ Salary: \_\_\_\_\_  
**Describe duties:** (type wpm? \_\_\_ & computer programs used if applies): \_\_\_\_\_  
\_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

●Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
*Is supervisor still available to contact?  Yes;  No Explain:* \_\_\_\_\_  
**Dates employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ Salary: \_\_\_\_\_  
**Describe duties:** (type wpm? \_\_\_ & computer programs used if applies): \_\_\_\_\_  
\_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

●Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
*Is supervisor still available to contact?  Yes;  No Explain:* \_\_\_\_\_  
**Dates employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ Salary: \_\_\_\_\_  
**Describe duties:** (type wpm? \_\_\_ & computer programs used if applies): \_\_\_\_\_  
\_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

●Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
*Is supervisor still available to contact?  Yes;  No Explain:* \_\_\_\_\_  
**Dates employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ Salary: \_\_\_\_\_  
**Describe duties:** (type wpm? \_\_\_ & computer programs used if applies): \_\_\_\_\_  
\_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

## Qualifications for this position

Skills/Training: \_\_\_\_\_

Licenses, Certificates, etc.: \_\_\_\_\_

## Educational History

	Location: City & State	Year Completed	Course of study/Degrees
High School:			
College:			
Technical Training:			
Other:			

## References

List at least 3 references NOT relatives or employers. (May use co-workers.)

NAME	PHONE NO.	YEARS KNOWN	RELATIONSHIP TO YOU

I HEREBY AUTHORIZE the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references.

Applicant Initial (\_\_\_\_\_)

I ALSO HEREBY RELEASE FROM LIABILITY the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. Applicant Initial (\_\_\_\_\_)

I UNDERSTAND THAT ANY MISREPRESENTATION or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. Applicant Initial (\_\_\_\_\_)

IF I AM EMPLOYED, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. Applicant Initial (\_\_\_\_\_)

I UNDERSTAND THAT IT IS THE POLICY of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. Applicant Initial (\_\_\_\_\_)

I ALSO UNDERSTAND THAT IF I AM EMPLOYED, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. Applicant Initial (\_\_\_\_\_)

**I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND the foregoing, and that I seek employment under these conditions.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTE:

**Valid ODL & vehicle insurance is an employment requirement. DMV's ODL 3-year record *may* be required.**