



If yes, please explain: \_\_\_\_\_

(Note: A yes answer will not bar you from consideration for employment.)

Y  N Has your driver's license ever been suspended, revoked, denied or cancelled?  
(Answer only if desired position requires driving.)

If yes, please explain: \_\_\_\_\_

(Note: A yes answer will not bar you from consideration for employment.)

**References**

Provide three (3) professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Do not list relatives.

1) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Occupation Relationship

How long have you known this person?

2) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Occupation Relationship

How long have you known this person?

3) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Occupation Relationship

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How long have you known this person?

**Education Information**

Please circle the last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 \_\_\_\_\_  
Grade School High School College/Trade Post Grad

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List college(s) or university(ies) attended and degrees earned

You may list significant experiences, interests and accomplishments gained or achieved while at school or while working as a volunteer or hobbyist that may be useful in the desired position. (Names of organizations or awards designating religion, race or other protected statuses need not be mentioned.)

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**Employment Information**

[ ] Y [ ] N Are you currently employed?

Beginning with your present or most recent employer, describe your employment history below.

1) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Present or Last Employer Name Phone Number

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Address City State Zip Code

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Type of Business Name & Title of Supervisor

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Date Employment Began Starting Position Starting Pay

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Date Employment Ended Ending Position Ending Pay

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Reason for Leaving

2) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Next Previous Employer Name Phone Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Type of Business Name & Title of Supervisor

\_\_\_\_\_  
Date Employment Began Starting Position Starting Pay

\_\_\_\_\_  
Date Employment Ended Ending Position Ending Pay

\_\_\_\_\_  
Reason for Leaving

3) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Next Previous Employer Name Phone Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Type of Business Name & Title of Supervisor

\_\_\_\_\_  
Date Employment Began Starting Position Starting Pay

\_\_\_\_\_  
Date Employment Ended Ending Position Ending Pay

\_\_\_\_\_  
Reason for Leaving

About Scott Power & Equipment.

Thank you for your interest in Scott Power & Equipment. (SPE). Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations and interests so that we can make careful and deliberate hiring decisions that will benefit SPE, our employees and our customers. As such we expect you to have answered the previous questions honestly, completely and thoughtfully. This application must be completed in full, even if you are attaching a résumé. Incomplete applications will not be considered. SPE is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy), age, physical, mental or sensory disability, HIV status, sexual orientation, gender identity and/or expression, marital, civil union or domestic partnership status, past or present military service, family medical history or genetic information, family or parental status, or any other legally protected classification.

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY AND INITIAL BY EACH PARAGRAPH TO CERTIFY THAT YOU HAVE READ AND AGREE TO EACH BEFORE SIGNING THE APPLICATION. ONLY SIGNED AND DATED APPLICATIONS ARE CONSIDERED VALID. IF YOU HAVE QUESTIONS, ASK THEM BEFORE SIGNING.**

\_\_\_\_\_ I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge from SPE.

\_\_\_\_\_ I authorize the references listed above to give SPE any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to NEI.

\_\_\_\_\_ I authorize SPE to investigate all statements contained in this application as deemed necessary to arrive at an employment decision.

\_\_\_\_\_ I understand that this application is valid for only ninety (90) days from the date signed. A new application will be required if I wish to apply for a position more than ninety (90) days from the date signed. If hired, I understand that this application will become a part of my official employment record.

\_\_\_\_\_ I understand that nothing in this application creates a contract of employment between SPM and myself. If I am hired, my employment is "at will," meaning that my employment can be terminated, either by SPM or myself, with or without cause, and with or without notice.

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Signature of Applicant

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Date

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Received by

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Date