

# SCANT CITY MACHINE, INC.

## Employment Application

APPLICANT INFORMATION											
Last Name					First			M.I.		Date	
Street Address								Apartment/Unit #			
City					State			ZIP			
Phone					E-mail Address						
Date Available				Social Security No.					Desired Salary		
Position Applied for											
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Can you lift over 45 pounds?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you stand for extended periods?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EDUCATION										
High School				City, State						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				City, State						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				City, State						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES									
<i>Please list up to three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Full Name				Relationship					
Company				Phone					
Full Name				Relationship					
Company				Phone					

<b>PREVIOUS EMPLOYMENT</b>											
Company								Phone			
Job Title								Supervisor			
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?							YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company								Phone			
Job Title								Supervisor			
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?							YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company								Phone			
Job Title								Supervisor			
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?							YES <input type="checkbox"/>	NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>								
Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

<b>DISCLAIMER AND SIGNATURE</b>			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date