



APPLICATION FOR AT-WILL EMPLOYMENT *****WE DRUG TEST*****

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, genetic history, citizenship, disability, military service, or any other status protected under local, state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

PERSONAL INFORMATION

Name	Last	First	Middle	Cell Phone
Home Phone				Work Phone

Please list below your current address and your two other most recent addresses:

Current	Street	City	State	Zip	Since (Mo/Yr)
Street	City	State	Zip	Since (Mo/Yr)	
Street	City	State	Zip	Since (Mo/Yr)	

EDUCATION

High School Attended	City, County & State		Did you earn a Diploma?
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma

EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Salary: \$
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Can You Work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings	

Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:

1) Are you at least 18 years of age and legally eligible for work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
2) Will you work overtime when necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO
3) Have you received a description of the job or been made aware of the essential functions of the job you are applying for: <input type="checkbox"/> YES <input type="checkbox"/> NO
4) Do you understand the job requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)
5) Are you on layoff and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO
6) Are you currently bound by a non-competition, non-solicitation or trade secret agreement? (If yes, please explain) <input type="checkbox"/> YES <input type="checkbox"/> NO
7) Have you ever been discharged or asked to resign from a job? (If yes, please explain) <input type="checkbox"/> YES <input type="checkbox"/> NO
8) Have you ever convicted of a felony or misdemeanor? (If yes, please explain) <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

Please list below your last three employers beginning with the most recent:

Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving	Supervisor	
		\$		
Duties	Reason for Leaving			

Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties	Reason for Leaving			

Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties	Reason for Leaving			

Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties	Reason for Leaving			

JOB-RELATED SKILLS

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

- Do you have a valid driver's license? ☐ YES ☐ NO
If YES: State of Issue and Driver's License Number: _____ Date of Issue: _____
- Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? ☐ YES ☐ NO
- Please list all states from which you hold or have held a driver's license:

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

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APPLICANT'S CERTIFICATION AGREEMENT

- I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
- I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***
- I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
- I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.
- I understand and acknowledge that Scrap Central uses E-Verify to ensure my eligibility for employment in the USA.

Signature

Date

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

I, _____ (name), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to SCRAP CENTRAL.

Signature

Date