



Scottish Food Systems, Inc.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT



This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

I UNDERSTAND IF EMPLOYED, MY EMPLOYMENT IS TERMINABLE AT WILL. THERE IS NO EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT. This Company intends to check and hold you responsible for the accuracy of the statements you make on this application.

PLEASE USE A PEN

Date _____

Last Name First Name Middle Name Social Security No.

Present Address - Number & Street City & State Zip Code Telephone No.

Type of Work Desired Full Time or Part Time Date Available Days & Hours

Our Attendance Policy is strict. Can you report to work at your scheduled time? If No, Explain:

Due to the demands of our business, your scheduled hours may vary. Can you work as needed? If No, Explain:

Have you ever worked for us before? If yes, where when what name?

Have you applied with our Company before? If yes, where when what name?

Do you have friends or relatives that work for us? If yes, enter their name relationship to you and where they work.

Have you ever been convicted of a crime other than a minor traffic violation? ____ yes ____ no If yes, explain:
A yes answer will not necessarily be an absolute bar to employment.

EDUCATION

NAME OF SCHOOL	LOCATION	GRADE	COMPLETED	COURSE	GRADUATE?
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

EMPLOYMENT RECORD LIST PRESENT OR LAST EMPLOYER FIRST

NAME	Phone #	POSITION AND DUTIES
ADDRESS	SUPERVISOR'S NAME	
DATES FROM: Month Year	DATE TO: Month Year	STARTING PAY ENDING PAY
REASON FOR LEAVING		

NAME	Phone #	POSITION AND DUTIES
ADDRESS	SUPERVISOR'S NAME	
DATES FROM: Month Year	DATE TO: Month Year	STARTING PAY ENDING PAY
REASON FOR LEAVING		

NAME	Phone #	POSITION AND DUTIES
ADDRESS	SUPERVISOR'S NAME	
DATES FROM: Month Year	DATE TO: Month Year	STARTING PAY ENDING PAY
REASON FOR LEAVING		

REFERENCES

Do Not List Relatives or Former Employers

	NAME & ADDRESS	OCCUPATION	PHONE	YEARS KNOWN
1				
2				
3				
4				
5				

I certify that all information given by me on this application is true and correct. I understand that in the event of my employment by the Company, it shall be sufficient cause for dismissal if any information I have given is false or if I have failed to give any information herein requested. I give my permission to verify, without liability, all statements on this application form.

I authorize all schools I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and hereby release them and the Company from all liability for any damage whatsoever arising there from.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons from any legal liability in making such statements.

I understand and agree that if offered employment, it is terminable at will, so that both the Company and I remain free to choose to end the work relationship. There has been no expressed or implied contract of employment.

I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment, I agree to abide by all present and subsequently issued rules of the Company.

Applicant's Signature _____

Date _____

We appreciate your interest in our Company. Your application will remain in our active file for 30 days. If you are employed with us, this form will become a part of your personal file.