



SCOTT CONSTRUCTION CORPORATION

95 McALISTER FARM RD | PORTLAND, ME 04103

PHONE: 207-632-0521 | FAX: 207-206-8892

APPLICATION FOR EMPLOYMENT

Personal Data:

Applicant Last Name			First Name		Middle Initial	Telephone with Area code	SS#	Date	
Present Mailing/Street Address					Yrs. There	Permanent Street Address			Yrs. There
City		State	Zip		City		State	Zip	

Consistent with the provisions with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process

Are you presently under 18 years of age? Yes No If yes, can you furnish a work permit? Yes No

Are you a United States Citizen? Yes No If no, indicate visa type: and alien registration #

Have you ever applied for employment or been employed with this company? Yes No If yes, when?

Do you have Reliable Transportation Yes No

Drivers License Number: State: Class: Expiration Date:

Are you able to meet the attendance requirements of this position? Yes No

Have you been terminated or asked to resign from a position? Yes No
If yes, please explain:

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please explain:

Job Interests:

Positions(s) Applied For: Date available: Rate of pay Desired: \$ _____ Per: _____

Check here if you are able to perform Full-time Rotational Work Weekends
Off-site/Variable Locations

Type of work you are applying for Full-time Seasonal Summer Supplement
Part Time

Education and Training:

School Type	Complete School Name and Address	Years Completed	Did You Graduate	Major	Course of Study	Degree
High School						

If you obtained and equivalency diploma, indicate date: _____ and which state it was obtained: _____

Vocational Technical						
Community Colleges						
Junior College						
All Other						
Misc.						

Skills, Qualifications and Achievements:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company

Please list any job related tools, machines, and equipment you can operate. Include typing and computer skills. Note proficiency with database programs, word processors, spreadsheets, scheduling and other computer software programs

Employment History:

List each of your last (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Account for any periods of unemployment between positions.

From:	To:	Employer:	Telephone:
____ / ____ / ____	____ / ____ / ____		(____)
Month / Year	Month / Year	Address:	Job Title:
Immediate Supervisor and Title:	Summarize the nature of work performed and job responsibilities:		
Hourly Rate or Salary:	Reason for Leaving:		
Start \$ _____ Final \$ _____			

From:	To:	Employer:	Telephone:
____ / ____ / ____	____ / ____ / ____		(____)
Month / Year	Month / Year	Address:	Job Title:
Immediate Supervisor and Title:	Summarize the nature of work performed and job responsibilities:		
Hourly Rate or Salary:	Reason for Leaving:		
Start \$ _____ Final \$ _____			

From:	To:	Employer:	Telephone:
____ / ____ / ____	____ / ____ / ____		(____)
Month / Year	Month / Year	Address:	Job Title:
Immediate Supervisor and Title:	Summarize the nature of work performed and job responsibilities:		
Hourly Rate or Salary:	Reason for Leaving:		
Start \$ _____ Final \$ _____			

From:	To:	Employer:	Telephone:
____ / ____ / ____	____ / ____ / ____		(____)
Month / Year	Month / Year	Address:	Job Title:
Immediate Supervisor and Title:	Summarize the nature of work performed and job responsibilities:		
Hourly Rate or Salary:	Reason for Leaving:		
Start \$ _____ Final \$ _____			

References:		
Name:	Telephone:	Years Known:
	()	
	()	
	()	

Do you have any professional licenses and or training certifications: Can you provide copies? Yes No
 If yes, check all that apply

- Welding Plumbing Electrical Other Explain: _____
 Rigger/Signal Person MDOT Work Zone Set-up Confined Space
 1926 Construction Industry Standards 10 HR. (OSHA 10)

Commercial Drivers License Number (if required by job) _____ State: _____ Class: _____

List Motor Vehicle Accidents, Convictions and Moving Violations for the last 3 years:

I understand that to operate Company Vehicles a Commercial Drivers License is required. The Department of Motor Vehicles shall be checked to qualify for insurance, a physical examination required and a Drug Test performed.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete .

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to to the contrary.

I give the employer the right to investigate all references, employment history and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

SCOTT CONSTRUCTION CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER

X _____
 Signature of Applicant:

_____/_____/_____
 Date