

# Application for Employment

## SC Tool Service, Inc.

Corporate Office: 720 Mt. Pleasant Rd.  
Spartanburg SC, 29307

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name	_____			Social Security #	_____
	Last	First	Middle		
Address	_____				
	Street		City	State	Zip Code
Telephone # ( )	_____		Mobile/Beeper/ Other ( )	_____ E-Mail _____	
Position(s) applied for	_____			Date of application	_____
<b>Referral Sources</b> (Please check the appropriate category and name the source.)					
<input type="checkbox"/> Walk-in _____			<input type="checkbox"/> Job Fair _____		
<input type="checkbox"/> Employee _____			<input type="checkbox"/> Staffing Agency _____		
<input type="checkbox"/> Advertisement _____			<input type="checkbox"/> Employment Agency _____		
<input type="checkbox"/> Internet _____			<input type="checkbox"/> Other _____		
<input type="checkbox"/> School _____					

If necessary, best time to call you at home is ..... : _____	Are you available to work other shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact you at work?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>yes</b> , what shifts?... _____
If <b>yes</b> , work number and best time to call: ( ) _____ :	Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 and it is required, can you furnish a work permit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	If they have been explained to you, are you able to meet the attendance requirements of the position? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>no</b> , please explain _____	Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you submitted an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>no</b> , please explain _____
If <b>yes</b> , give date..... _____	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number required if driving may be required in the job for which you are applying: _____ State _____
If <b>yes</b> , give dates..... From _____ To _____	
Are you legally eligible for employment in this country?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been bonded?.... <input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work..... _____	<b>Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.</b>
What is your desired salary range or hourly rate of pay? \$ _____ Per _____	Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Educational Co-Op <input type="checkbox"/> Temporary	If <b>yes</b> , please provide date(s) and details _____
Desired Shift..... _____	

**AN EQUAL OPPORTUNITY EMPLOYER**

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates Employed
		From To
Street Address	City State	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Starting job title/final job title		Commission/Bonus/Other Compensation
		\$
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Compensation (Ending)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		Commission/Bonus/Other Compensation
		\$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about your position?		

Employer	Telephone #	Dates Employed
		From To
Street Address	City State	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Starting job title/final job title		Commission/Bonus/Other Compensation
		\$
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Compensation (Ending)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		Commission/Bonus/Other Compensation
		\$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about your position?		

Employer	Telephone #	Dates Employed
		From To
Street Address	City State	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Starting job title/final job title		Commission/Bonus/Other Compensation
		\$
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Compensation (Ending)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		Commission/Bonus/Other Compensation
		\$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about your position?		

Employer	Telephone #	Dates Employed
		From To
Street Address	City State	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Starting job title/final job title		Commission/Bonus/Other Compensation
		\$
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Compensation (Ending)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		Commission/Bonus/Other Compensation
		\$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about your position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

---



---



---

If not addressed on previous page, have you ever been fired or asked to resign a job?  Yes  No

If **yes**, please explain \_\_\_\_\_

---



---

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

---



---



---

**Computer Skills** (check appropriate boxes. Include software titles and years of experience.)

- |  |             |                                       |             |
|--|-------------|---------------------------------------|-------------|
| <input type="checkbox"/> Word Processing _____ | Years _____ | <input type="checkbox"/> E-Mail _____ | Years _____ |
| <input type="checkbox"/> Spreadsheet _____     | Years _____ | <input type="checkbox"/> Other _____  | Years _____ |
| <input type="checkbox"/> Presentation _____    | Years _____ | <input type="checkbox"/> Other _____  | Years _____ |
| <input type="checkbox"/> Database _____        | Years _____ | <input type="checkbox"/> Other _____  | Years _____ |

## Educational Background

Starting your most recent school attended, provide the following information.

School (include city & state)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		

## References

List name and telephone number of three business/work references who are not related to you and are *not* previous supervisors.

If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship	Telephone	Years Known
			( )	
			( )	
			( )	

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

<b>Date</b>	<b>Signature</b>
-------------	------------------

<b>Do Not Write Below This Line</b>	<b>For Interviewer's Use Only</b>
-------------------------------------	-----------------------------------

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

Hired (Date) for dept.	For position
Salary wages	Date to start work
Special agreements	

Approved 1	Department Manager	Date
Approved 2	General Manager	Date
Approved 3	President	Date