

Application for Employment

PLEASE PRINT CLEARLY

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 Resource Department.

**WE TEST FOR
ILLEGAL DRUGS**

Check one or more boxes.



SCT Corporate
900 Cox Rd.
Cocoa, FL 32926

SCT Crescent City
105 Denver Rd.
Crescent City, FL 32112

SCT Delray Beach
9500 W. Atlantic Ave.
Delray Beach, FL 33446

SCT Ocala
3222 N.E. 24th St.
Ocala, FL 34470

SCT Port St. Lucie
Suite 108
201 Port St. Lucie Blvd.
Port St. Lucie, FL 34984



Solid Wall Systems
900 Cox Rd.
Cocoa, FL 32926

SCT Rockledge
201 Paint St.
Rockledge, FL 32955

Position(s) applying for: _____ Date of application: ____ - ____ - ____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET APT. CITY STATE/ZIP CODE

Home Telephone #: (____) ____ - ____ Other Telephone #: (____) ____ - ____

Are you legally eligible for employment in this country? YES NO Social Security #: ____ - ____ - ____

If you are under age 18, can you furnish a work permit, if it is required? YES NO

If no, please explain: _____

Type of employment desired: FULL-TIME PART-TIME TEMPORARY SEASONAL EDUCATIONAL CO-OP Date available for work: ____ - ____ - ____

Have you ever been employed here before? YES NO If so, when? _____ Are you able to meet the attendance requirements of the position? YES NO

Have you been convicted of a crime in the last seven (7) years? YES NO If YES, please explain. _____

A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

If driving is an essential job function of the position, please provide your unexpired driver's license number: _____ State: _____

This section must be completed

EMPLOYMENT HISTORY

Do not reference resume

Provide the following information for your past four (4) employers, assignments, or volunteer activities, starting with the current or most recent.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
YOUR SUPERVISOR'S NAME		SUMMARIZE THE NATURE OF YOUR WORK AND YOUR JOB RESPONSIBILITIES	
YOUR SUPERVISOR'S TITLE			
YOUR REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
YOUR SUPERVISOR'S NAME		SUMMARIZE THE NATURE OF YOUR WORK AND YOUR JOB RESPONSIBILITIES	
YOUR SUPERVISOR'S TITLE			
YOUR REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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JOB TITLE		ADDRESS	
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YOUR SUPERVISOR'S TITLE			
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JOB TITLE		ADDRESS	
YOUR SUPERVISOR'S NAME		SUMMARIZE THE NATURE OF YOUR WORK AND YOUR JOB RESPONSIBILITIES	
YOUR SUPERVISOR'S TITLE			
YOUR REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Job-Related Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Computer Skills

List applications used and proficiency level

EMAIL ADDRESS: PRIMARY _____
SECONDARY _____

MS OFFICE
OTHER

Educational Background IF JOB-RELATED

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Read and Initial Each Section

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED. THIS APPLICATION IS CURRENT FOR ONLY SIXTY (60) DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A

 INITIAL NEW APPLICATION.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

 INITIAL

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE 'AMERICANS WITH DISABILITIES ACT'.

 INITIAL

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH

 INITIAL ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

 INITIAL

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

Signature of Applicant _____ Date _____