

**SCELZI ENTERPRISES, INC.  
APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION:**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referred By: \_\_\_\_\_ Email : \_\_\_\_\_

All Names Used In the Past:

\_\_\_\_\_

Last
First
Middle

Present Address: \_\_\_\_\_  
Street
City
State
Zip

Permanent Address: \_\_\_\_\_  
Street
City
State
Zip

Residence Addresses during the Past Ten Years:

\_\_\_\_\_

Street
City
State
Zip
Dates

\_\_\_\_\_

Street
City
State
Zip
Dates

\_\_\_\_\_

Street
City
State
Zip
Dates

State Name of Any Relatives Working For Scelzi Enterprises, Inc.:

\_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Expected Rate of Pay? \_\_\_\_\_ Are You Employed Now? \_\_\_\_\_

If So, May We Contact Your Present Employer? \_\_\_\_\_

Have You Ever Worked for this Company? \_\_\_\_\_ If So, When? \_\_\_\_\_

Have You Ever Applied to this Company? \_\_\_\_\_ If So, When? \_\_\_\_\_

Are you available to work?

Full-time

Part-time

Shift-work

Temporary

On-call

Weekend

Overtime

**EDUCATION AND SKILLS:**

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying																	
Describe any honors, scholarships, appointments or awards you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

List professional, trade, business or civil activities and offices held. You may exclude information that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status or personal information:

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past:

List any job-related professional or technical organizations to which you belong:

U.S. Military or Naval Service?  No  Yes Rank: \_\_\_\_\_

Citations/Awards: \_\_\_\_\_

List any job-related skills that you learned while in the U.S. Military or Naval Service:

**If you are applying for a position which requires driving:**

Driver's License Information:

Do you have automobile insurance as required by state law?  No  Yes

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

**GENERAL INFORMATION:**

What do you expect to be doing in five years?	What would your last manager/supervisor say about your job performance?
What has been your favorite/most interesting job?	What made it enjoyable/interesting?
What job did you dislike most?	Why did you dislike it?

Have you entered into any agreements with any former employer (for example, an agreement not to compete or confidentiality agreement) that may impact your ability to work for the Company?

No       Yes

Are you over 18 years of age?       No     Yes

Have you ever initiated an act of violence in the workplace?     No       Yes

Have you used illegal drugs within the past three (3) weeks?     No       Yes

If yes, which illegal drugs did you use and when? \_\_\_\_\_

Are you able to perform the duties of the position for which you are applying, including regular attendance?

No     Yes

**FORMER EMPLOYERS:**

**Start with your present or last job. Include any job-related military service assignments and volunteer activities.**

1. Employer:		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			

Reason for Leaving				
2. Employer:		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
3. Employer:		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

Did you receive written performance evaluations from any of your prior employers?

No       Yes

If so, please list the employers that did such evaluations, describe the frequency of such evaluations and check the appropriate box indicating whether you signed such evaluations:

No       Yes

Employer	Frequency of evaluations (e.g., annual, bi-annual, etc.)	Signed?
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

Have you been discharged or asked to resign from a positions or a job?     No     Yes

Explain reasons:

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Explain any gaps in your employment history. (Do not provide information about any physical or mental disabilities or other medical information.) \_\_\_\_\_

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**REFERENCES:**

List three non-employment references who are not related to you, and have known you for at least one year.

	Name	Address	Telephone Number	Years Acquainted
1.	_____			
2.	_____			
3.	_____			

In Case of Emergency Notify: \_\_\_\_\_

	Name
Address	Telephone Number

I understand and acknowledge the following:

1. I understand that I am entitled to copies of any public records obtained directly by the Company in connection with my application for employment. Check one:

I waive  do not waive  my right to receive copies of public records obtained directly by the Company.

2. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

3. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.

4. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.

5. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of the Scelzi Enterprises, Inc., no supervisor or manager may alter or amend the above conditions. Only the President of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

6. I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of both a drug and alcohol screen and job related medical examination.

7. I agree that I will settle any and all previously unasserted claims, disputes, or controversies arising out of or relating to my employment, my application or candidacy for employment, and/or cessation of employment with Scelzi Enterprises, Inc., exclusively by final and binding arbitration before a neutral Arbitrator (pursuant to the Company's Alternative Dispute Resolution Policy). By way of example only, such claims include claims under federal, state, and local statutory law, such as the Fair Employment and Housing Act, Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans With Disabilities Act, the law of contract and the law of tort.

8. If I am offered employment, I will, as a condition of employment furnish proof that I am over 18 years of age.

9. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.

10. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have

provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.

11. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through twelve (12) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by **Mike Scelzi** of the Scelzi Enterprises, Inc...

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature