



DATE _____

NAME _____ SSN# _____
FIRST MIDDLE LAST

ADDRESS _____ TELEPHONE# _____

CITY _____ STATE _____ ZIP _____

POSITION DESIRED _____ WAGE DESIRED _____

FULL TIME _____ PART TIME _____ DAYS _____ NIGHTS _____

HAVE YOU PREVIOUSLY WORKED FOR SCOTT=S? _____ WHEN? _____ WHERE? _____

WORK EXPERIENCE (LIST THE MOST RECENT JOBS FIRST)

POSITION	DATES	CO. NAME& ADDRESS	PHONE#	MANAGER	REASON FOR LEAVING
1.					
2.					
3.					
4.					

OTHER SKILLS OF VALUE TO SCOTT=S _____

DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP THAT MAY LIMIT YOUR ABILITY TO PREFORM THE JOB FOR WHICH YOU ARE APPLYING?

IF SO, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

I CERTIFY THAT THE FORGOING INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT IF IAM HIRED, MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT THE OPTION OF SCOTT=S SEAFOOD OR MYSELF.

SIGNATURE _____ DATE _____

COMMENTS: _____