

# EMPLOYMENT APPLICATION

Please complete entire application.

Employer: Scott Davis Docks & Lifts  
102 W State Hwy 210  
Battle Lake, MN 56515  
218-282-0157

*It is the policy of Scott Davis Docks & Lifts to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.*

## Applicant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_

Drivers License (State/Number): \_\_\_\_\_

Job Position Applied For: \_\_\_\_\_

Full Time: \_\_\_ Part Time: \_\_\_

Are you willing to work any shift, including nights and weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please state any limitations: \_\_\_\_\_

If applicable, are you available to work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer: \_\_\_\_\_

\_\_\_\_\_

**Employment History**

*List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment.*

Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/Job Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/Job Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/Job Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**References**

*Please list two non-relatives who would be willing to provide a reference for you.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Scott Davis Docks & Lifts to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Scott Davis Docks & Lifts, except in a specific written contract of employment signed on behalf of the organization by its owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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APPLICANT SIGNATURE

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DATE