



17 Locations in 6 Western States
& Projects in Over 70 Countries

CAREER OPPORTUNITIES



EMPLOYMENT APPLICATION

- Fill out all questions on the application, even if you have attached a resume.
- Incomplete applications will not be considered.
- Be sure to sign the authorization and release forms (last four pages).
- SCAFCO will contact all prospective candidates from the applications received.

Thank you for your interest in SCAFCO Corporation.

Mail application to:
SCAFCO Human Resources
PO Box 11215,
Spokane, WA 99211

Fax to:
509.535.1572

Drop off at:
6200 E. Main Ave.
Spokane, WA 99212



Stud Framing Project in Seattle, WA



SCAFCO Bins located in Chile



Radius Soffits Project in Sacramento, CA



SCAFCO Bins located in Australia

At SCAFCO Nothing is More Important Than Safety



6200 E. Main Avenue
PO Box 11215
Spokane, WA 99211-1215, USA

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered regardless of race, religion, color, age, sex, sexual orientation, marital status, nationality, veteran status or non-disqualifying disability.

INSTRUCTIONS - PLEASE READ

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly. *Answer all items, even if you have a resume.* Check over your final application for accuracy, especially important numbers like Social Security number, phone numbers, etc.

Please sign and date the application where indicated. If you need another form or have questions, please feel free to ask.

Today's Date							
Last Name		First Name		Middle Name		Last 4 of Social Security Number XXX-XX-	
Present Street Address		City		State	Zip	E-mail:	
Home Phone	Cellular Phone	Message Phone		Emergency Contact Person		Emergency Phone	
Are you at least 18 years of age?	If under 18, do you have a work permit?		Can you provide proof that you can be lawfully employed in the U.S.?				
Have you applied for work here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what job?					
Do any of your relatives or persons of your same household work here? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, please give their names.	
Have you been convicted of any criminal offense? (A conviction may not necessarily exclude you from consideration.) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.					Other names you have used and dates.		
Have you ever been disciplined or discharged for theft, fighting, assault or similar behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No						Have you ever been disciplined or discharged for insubordination or violating safety rules? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position applied for:		Have you done this kind of work before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			Date you are available to start:		
List other jobs you believe you may be qualified for:							
How were you referred to us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee referral (name) _____ <input type="checkbox"/> School (name) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency (name) _____ <input type="checkbox"/> Other (explain) _____							
Are you acquainted with any current SCAFCO employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state names:							
Your Preferred Schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Temp./Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> On Call		What week days and hours are best for you?			What would be your second choice?		
Any prior commitments which would require absence of more than a few hours in the next 12 month? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Please explain:							
Are you now, or do you expect to be engaged in any other business or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Please explain:							
List any certificates or licenses you hold related to your qualifications for the work you seek:					Fluent in other languages:		Typing Speed:

EDUCATION

	School Name and Full Address	Attended Dates:		Graduated?	Degree & Major Area	GPA
		From:	To:			
High School		N/A	N/A			
College/Univ.						Major
						Cumulative
College/Univ.						Major
						Cumulative
Trade, Other						Major
						Cumulative
Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:						
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Salary Desired: \$				Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____		

Work History - Start with PRESENT or most recent employer. Include MILITARY experience or volunteer work if full time or your major activity.

Name of Organization		Employment Dates (Month & Year)		Type of Business or Industry	
		From	To		
Street Address			City	State	Zip
Supervisor Name & Title	Phone Number	Your Starting Pay	Your Ending Pay	Employment Status (FT, PT, Contract)	
		\$	\$		
Job Title(s), Duties, Skills Used				Reason for leaving.	
Name of Organization		Employment Dates (Month & Year)		Type of Business or Industry	
		From	To		
Street Address			City	State	Zip
Supervisor Name & Title	Phone Number	Your Starting Pay	Your Ending Pay	Employment Status (FT, PT, Contract)	
		\$	\$		
Job Title(s), Duties, Skills Used				Reason for leaving.	
Name of Organization		Employment Dates (Month & Year)		Type of Business or Industry	
		From	To		
Street Address			City	State	Zip
Supervisor Name & Title	Phone Number	Your Starting Pay	Your Ending Pay	Employment Status (FT, PT, Contract)	
		\$	\$		
Job Title(s), Duties, Skills Used				Reason for leaving.	

WORK HISTORY (Continued)

Name of Organization		Employment Dates (Month & Year)		Type of Business or Industry	
		From	To		
Street Address			City	State	Zip
Supervisor Name & Title	Phone Number	Your Starting Pay \$	Your Ending Pay \$	Employment Status (FT, PT, Contract)	
Job Title(s), Duties, Skills Used				Reason for leaving.	

OTHER SKILLS AND QUALIFICATIONS

Please mention any other skills, qualifications or experience pertinent to the career you seek. (e.g. - Computers, software, machines, tools, special certifications, etc.)

REFERENCES - Not former employers.

Name	Address, City, State, Zip	Phone Number	Occupation

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I authorize this employer to investigate my background thoroughly, including a full credit report, school, past employers, and criminal, and agree to assist in such investigation. I release and hold harmless and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

I understand that employment may be contingent upon a post-offer physical examination by a medical doctor.

Upon an offer of employment I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

Signature of Applicant

Today's Date



AUTHORIZATION AND RELEASE
(For Pre-Employment Screening)

This constitutes my consent and authorization to the disclosure of any relevant and necessary information or records to SCAFCO Corporation by any person, corporation, agency, school, or association concerning my character, employment, or military service as may be relevant and necessary for a determination of my suitability for employment with SCAFCO Corporation.

This authorization is executed with full knowledge and understanding that SCAFCO Corporation will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it.

I hereby RELEASE the aforementioned persons, corporation, agencies, schools, associations and their employees, agents and representatives from any and all liability for damages resulting from a decision by SCAFCO Corporation not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twelve (12) months from the date it is signed.

Date

Signature of Applicant

Street Address

City and State

Zip Code



APPLICANT INFORMATION RELEASE

I hereby authorize the below referenced educational institution to provide a full and complete official transcript related to my attendance, education, and graduation from the _____ to SCAFCO Corporation. Any applicable fee shall be provided for by SCAFCO Corporation.

I will hold the below referenced educational institution and SCAFCO Corporation, its employees, officers, directors, or agents, free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Name: _____

Name While Attending: _____

Student ID or Social Security Number: _____

Dates of Attendance: _____

Year of Graduation: _____

The transcript shall be sent to: Human Resources Department
SCAFCO Corporation
6200 E Main Ave
Spokane, WA 99211

Signature: _____

Date: _____



THE INFORMATION NETWORK

ACRANet CBS Branch

www.ACRANet.com/CBS

**Exhibit A-4
Notice for Applicant/Employee**

**‘Notice of Intent’ and ‘Authorization’
to Obtain an Investigative Consumer Report for Employment Purposes**

The undersigned applicant/employee is hereby notified that **SCAFCO** (Employer) may obtain an investigative consumer report for employment purposes through ACRANet CBS Branch. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver’s record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRANet CBS Branch for employment purposes at this time or anytime during the applicant/employee’s tenure with employer.

I (Applicant/employee) am currently a resident of the state of Oklahoma OR the state of Minnesota:

Yes **No**

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment Screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at The address indicated on this authorization form with 24 hours of completion.

Please provide me a copy of my credit report as indicated above

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

Prev. Address: _____

Social Security Number: _____

Date of Birth: ____/____/____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) _____ **State of Issue** _____

(For any driving position in the state of WA, please complete the next page.)

Signature: _____ **Date:** _____

NOTE:
The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRANet CBS Branch, Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.



EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

(Request for Washington State DMV record)

That I, _____, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record

Signature	Date	WA License Number
-----------	------	-------------------

EMPLOYER ATTESTATION

- (A) That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- (B) That **AMERICAN DRIVING RECORDS** is acting as agent on behalf of **ACRAnet** who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- (C) That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus or commercial vehicle upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.
- (D) That the information contained in the abstracts of driver records obtained from the Washington State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

SCAFCO Corporation

Company Name

P.O. Box 11215, Spokane, WA 99211

Address

Name (print)

Title

Signature

Date

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.