

# American Scaffolding, Inc.

## Employment Application

*AMERICAN SCAFFOLDING considers all applicants based upon personal capabilities and qualifications without regard to race, color, religion, sex, age, national origin, disability, or any other protected characteristic as established by law.*

SECTION A: PERSONAL INFORMATION		Complete all applicable information	
Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	Street	City	State      Zip
Telephone Number (Primary)		Telephone Number (Alternate)	
SECTION B: GENERAL			
Are you interested in : <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			
If offered a position, when are you available to start ___/___/___		Desired Annual Salary/Wages	
How were you referred to us?			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Personal Inquiry <input type="checkbox"/> Radio <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other: _____			
<b>Please Circle Yes or No</b>			
Are you legally authorized to work in the United States?		Yes	No
If hired, can you provide proof of your eligibility to work in the United States?		Yes	No
Are you 18 years of age or older?		Yes	No
Have you ever been convicted of a felony? (A yes answer will not automatically disqualify you from employment)		Yes	No
Have you ever applied for employment with AMERICAN SCAFFOLDING before? If yes, please provide the date: ___/___/___		Yes	No
Has the company ever employed you before? If yes, please provide the date: ___/___/___		Yes	No
Are you available to work overtime?		Yes	No
Do you have any friends or relatives working at AMERICAN SCAFFOLDING? If yes, who? _____		Yes	No
<b>Driving Positions Only</b>			
Do you have a valid driver's license?		Yes	No

**SECTION C: EDUCATION**

School	Name and Location	Course of Study	Years Completed	Diploma/Degree
High School			1 2 3 4	
College			1 2 3 4	
Graduate School			1 2 3 4	
Other (Specify)			1 2 3 4	

**SECTION D: MILITARY SERVICE**

Were you in the military? Yes No	If yes, what branch?
Rank at time of discharge	Have you had any job related training in the military? Yes No
If yes, please describe.	

**SECTION E: EMPLOYMENT HISTORY list your last three employers, starting with your most recent one first**

Name of Company	Address				
Supervisor	Title of Supervisor			Phone	
Last Position	Duties				
Dates Employed		Wage/Salary			Other Compensation
From	To	Starting	Final	Bonus	Commission
Reason for Leaving					
Name of Company	Address				
Supervisor	Title of Supervisor			Phone	
Last Position	Duties				
Dates Employed		Wage/Salary			Other Compensation
From	To	Starting	Final	Bonus	Commission
Reason for Leaving					
Name of Company	Address				
Supervisor	Title of Supervisor			Phone	
Last Position	Duties				



**SECTION K: APPLICANT'S STATEMENT** Please read the following statement carefully

I, the undersigned, understand that I am being considered as a potential employee of AMERICAN SCAFFOLDING and hereby certify that:

1. In consideration of my employment, I agree to conform to the policies and procedures of the Company. I understand that in accepting this application, AMERICAN SCAFFOLDING is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered.
2. I understand that if I am hired, such hiring will not be for any definite period of time. Furthermore, I understand that if I am hired, I will be an employee at-will and I can be terminated at any time, with or without cause and with or without notice.
3. I understand that my status as an at-will employee, and the terms and conditions of that employment cannot be changed except in writing and signed by the President of AMERICAN SCAFFOLDING.
4. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
5. I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

Applicant Hired:        Yes    No    If yes, start date: \_\_\_\_\_

Starting Salary/Wage:    \$ \_\_\_\_\_/per year/hour

# AUTHORIZATION TO CHECK DRIVING RECORD AND RELEASE FROM LIABILITY

I understand that driving a Company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment.

I agree to allow **AMERICAN SCAFFOLDING** to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive an AMERICAN.SCAFFOLDING vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree and confirm that I already possess the necessary Driver's License required for the position, or other wise agree to appropriately obtain a Driver's license prior to hire if I do not already have one.

I understand that the Company will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release **AMERICAN SCAFFOLDING**, its employees and those who supplied the Company with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

## THIS SECTION TO BE COMPLETED BY A COMPANY REPRESENTATIVE ONLY AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN MADE

License Number:	License State:
Date of Birth:	SSN/SIN: