

American Scaffolding, Inc

Employment Application

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

Date of Application: _____

Personal Information:

Full Name:		
Address:		
Telephone Number:		
Email Address:		
Social Security Number	Driver's License/State ID Number/State	Expiration Date
Are you legally eligible to be employed in the United States? Yes { } No { }		
Position Applying for?		Desired wage?
When are you able to begin work?		Are you available to work overtime?
Are you available to travel out of town for a up to a week at a time?		

Education

Type	School Name	Course of Study	Years Attended	Degree/Diploma
High School				
Vocational/Technical				
College				
Graduate				
Other				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES [] NO [] If yes, please describe:

Military Service

Were You in the Military? (Circle answer) Yes or No	If yes, What Branch? What was your Rank?
Have you had any job-related training in the military directly related to the position for which you are applying?	

Employment - Start with your current or most recent position.

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			

Criminal History

Question	Yes/No
Have you ever been <u>convicted</u> of a criminal offense?	
If you answered "yes" to the above question, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.	

Personal References

Name	Phone	Occupation	Relationship
Name	Phone	Occupation	Relationship
Name	Phone	Occupation	Relationship

APPLICANT STATEMENT

IMPORTANT, PLEASE READ AND SIGN

I certify that this employment application was completed by me and that all the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired.

I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I understand that this employment application is not valid without my signature.

Print Name

Signature

Date

Consent: Release of Driving Records and Pre-employment Drug and Alcohol Test

I hereby CONSENT to the release of my driving records (MVR) for review by AMERICAN SCAFFOLDING.

I FURTHER CONSENT to allow a specimen of my hair, urine, or blood to be taken and submitted for pre-employment drug and alcohol test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such drug and alcohol screen available to AMERICAN SCAFFOLDING. In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees from any and all claims which I might otherwise have due to such results being made so available.

I further agree to hold harmless AMERICAN SCAFFOLDING and its agents (including the above named physician or clinic conducting the drug and alcohol screen) from any liability arising in whole or in part out of the collection of specimens, testing, and use of the information from said testing in connection with AMERICAN SCAFFOLDING's consideration of my employment application.

I UNDERSTAND that a confirmed pre-employment positive test will disqualify me from consideration for employment at AMERICAN SCAFFOLDING. I FURTHER UNDERSTAND that if I am hired by the Company and I fail to pass any drug or alcohol test while employed, I may be subject to disciplinary action up to and including termination.

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Signature

Date