

Employment Application

Full Name: _____ Date: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Phone #: _____ E-mail: _____ SS#: _____ - _____ - _____

Position Applied for: _____ Desired Wage: _____ Available Start Date: _____

Are you 18 years or older? Yes No Are you eligible for employment in the U.S.? Yes No Are you a Unites States Citizen? Yes No

If not a citizen, do you have permission and US Immigration Documents to remain permanently in the United States? Yes No

Can you work out of town overnight? Yes No Can you work nights and weekends? Yes No Can you work overtime? Yes No

Are you capable of lifting 75lbs.? Yes No Are you physically fit to regularly climbing scaffold structures? Yes No

Are you able to work at heights? Yes No Are you bilingual? Yes No If yes, what other languages? _____

How did you hear about Scaffolding Solutions or Multiservice? Advertisement Friend Relative Employment Agency Other: _____

Please list any relatives employed at Scaffolding Solutions or Multiservice and their relationship: _____

Do you possess a valid driver's license: Yes No *(If yes, you may be required to provide a copy of your current driving record)*

Personal & Professional References
Please list three (3) references that do not consist of relatives or former employers

Name & Address: _____
Occupation: _____ **Phone #:** _____ **Email:** _____

Name & Address: _____
Occupation: _____ **Phone #:** _____ **Email:** _____

Name & Address: _____
Occupation: _____ **Phone #:** _____ **Email:** _____

Education

Highschool: _____ **Address:** _____
From: _____ **To:** _____ **Did you graduate?** Yes No **Diploma:** _____

College: _____ **Address:** _____
From: _____ **To:** _____ **Did you graduate?** Yes No **Degree:** _____

Other: _____ **Address:** _____
From: _____ **To:** _____ **Did you graduate?** Yes No **Degree:** _____

Employment Record
Please list most recent position first

Employer Name: _____		Employed from: _____	to: _____	Pay Rate: \$ _____
Address: _____		Street	City	State Zip Code
Supervisor: _____	Phone #: _____	Position: _____		
Duties Performed: _____				
Reason for Leaving: _____				
May contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____				
Employer Name: _____		Employed from: _____	to: _____	Pay Rate: \$ _____
Address: _____		Street	City	State Zip Code
Supervisor: _____	Phone #: _____	Position: _____		
Duties Performed: _____				
Reason for Leaving: _____				
May contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____				
Employer Name: _____		Employed from: _____	to: _____	Pay Rate: \$ _____
Address: _____		Street	City	State Zip Code
Supervisor: _____	Phone #: _____	Position: _____		
Duties Performed: _____				
Reason for Leaving: _____				
May contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____				

Have you ever been discharged or asked to resign from any position? Yes No If Yes, please explain _____

What do you believe best qualifies you for the position you are seeking? _____

Corporate Statement

IT IS THE POLICY OF SCAFFOLDING SOLUTIONS, LLC AND MULTISERVICE, LLC TO PROVIDE EQUAL OPPORTUNITY EMPLOYMENT AND ADVANCEMENT TO QUALIFIED INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, ANCESTRY, DISABILITY, MEDICAL CONDITION, VETERAN STATUS, MARITAL STATUS, OR ANY NON, JOB-RELATED FACTOR.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that if I am offered a job, I must successfully complete a drug screening procedure. Successfully completing the pre-employment drug screen is a condition of employment. In the event that I am offered employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge. I also understand that I will be required to abide by all rules and regulations of Scaffolding Solutions, LLC or Multiservice, LLC. Scaffolding Solutions, LLC and Multiservice, LLC administer random drug testing to all current employees. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Scaffolding Solutions, LLC or Multiservice, LLC. will be of an "at will" nature, which means that I may resign at any time and that Scaffolding Solutions, LLC or Multiservice, LLC may discharge me at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this company.

Signature of Applicant _____

Printed Name _____

Date _____

Scaffolding Solutions/Multiservice office use only:

Ref Checked By / Date	Start Date	Branch/Position	Rate of Pay