

808 Holly Springs Ave.
Richmond, VA 23224
P.O. Box 24623
Richmond, VA 23224

Scaffolding Solutions, LLC

(804) 232-9080
toll free (800) 295-9445
fax (804) 232-9081
www.scaffoldingsolutions.com

Application for Employment

Date: _____

Name in Full: _____ Social Security No: _____
(last) (first) (middle)

Home Address: _____ Phone No: _____
(street)

(city) (state) (zip code)

Position Applied for: _____

Wage Expected: _____ Available to begin work: _____

Are you under 18? Yes No Can you work overtime? Yes No

How did you hear about Scaffolding Solutions LLC? Advertisement Friend Relative
Employment agency Other

List any relatives employed at Scaffolding Solutions and their relationship. _____

Are you a citizen of the United States? Yes No If not a citizen, do you have permission to remain
permanently in the United States? Yes No

Are you currently employed? Yes No Full Time Part Time

May we communicate with your present employer? Yes No

Do you possess a valid driver's license? Yes No If yes, provide license No and State

Have you ever been involved in an accident while driving a motor vehicle? Yes No

If yes, provide details _____

Have you ever been convicted of any moving traffic violations? Yes No

If yes, provide details _____

Have you ever been convicted of breaking any laws other than traffic violations? Yes No

If yes, provide details _____

Personal References: List three (neither relatives nor former employers)

Name & Occupation Address Phone No.

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Education

Circle highest grade completed 0 1 2 3 4 5 6 7 8 9 10 11 12 Above

Name	Address	Did you Graduate?	Degree/GPA
High School			
College			
Business or Vocational			
Graduate School			

Are you bilingual? (please check all that you speak and read fluently)

English Spanish German French Chinese Other please specify _____

Employment Record

(please list most recent position first)

Dates	Name and Address of Employer	Type of Employment	Salary	Exact Reason for Leaving
From:		Duties:	Start:	
To:			End	
Telephone:	Supervisor:	May we contact them?		
From:		Duties:	Start:	
To:			End	
Telephone:	Supervisor:	May we contact them?		
From:		Duties:	Start:	
To:			End	
Telephone:	Supervisor:	May we contact them?		
From:		Duties:	Start:	
To:			End	
Telephone:	Supervisor:	May we contact them?		
From:		Duties:	Start:	
To:			End	
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Unemployment Record

List all intervals of unemployment, if any during the last 10 years.

From-Mo/Yr Brief Description.

Have you ever been discharged or asked to resign from any position? Yes No

If yes, provide details

What do you believe qualifies you for the position you are seeking with Scaffolding Solutions LLC.?

Corporate Statement

IT IS THE POLICY OF SCAFFOLDING SOLUTIONS 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 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Scaffolding Solutions, LLC will be of an "at will" nature, which means that I may resign at any time and that Scaffolding Solutions LLC may discharge me at any time with or without cause. I also understand that this "at will" employment relationship any 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

Date