**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)*

Have you ever been convicted of a misdemeanor or felony? *Yes  No* Date of Conviction*\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, provide details:*      \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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?**  **Yes**  **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?  Yes  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?  Yes  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 |
|  |  |  |  |