

AN EQUAL OPPORTUNITY EMPLOYER



APPLICATION FOR EMPLOYMENT

Please read the following before filling out this application

Associated Scaffolding Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **Associated Scaffolding Company intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from our representatives within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

PERSONAL DATA

Social Security Number _____

Name _____
(Last) (First) (Middle)

Are you 18 years or older? Yes _____ No _____

Address _____
(Street) (City) (State) (Zip Code)

Phone Number _____ Other Phone _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____

If yes, explain: _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

EDUCATIONAL DATA

Circle the highest Grade Completed:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4				
Grade, Middle, or High School												Trade School, College or University				Graduate School			

Type of School	Name of School	Location	Major Subject or Course of Study	Did you graduate?
Middle School			////////////////////////////////////	
High School				
College				
Trade School				
Other (Specify)				
Graduate School				

List Degree(s) Obtained _____

EMPLOYMENT

Job applied for _____ Salary desired \$ _____

Have you ever applied here before? Yes _____ No _____

Have you ever worked for Associated Scaffolding before? Yes _____ No _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

Are there any days you are not available for work? _____

Are you available for out-of-town work? Yes _____ No _____

When will you be available for work? _____

WORK HISTORY

List your employment history starting with your most recent job.

From (Mo/Yr)	Company	Telephone	Starting Salary
			\$ _____ per
To (Mo/Yr)	Address	City	State
			Zip
			Final Salary
			\$ _____ per
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? Yes _____ No _____
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (Mo/Yr)	Company	Telephone	Starting Salary
			\$ _____ per
To (Mo/Yr)	Address	City	State
			Zip
			Final Salary
			\$ _____ per
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? Yes _____ No _____
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (Mo/Yr)	Company	Telephone	Starting Salary
			\$ _____ per
To (Mo/Yr)	Address	City	State
			Zip
			Final Salary
			\$ _____ per
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? Yes _____ No _____
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

Is an additional sheet required? Yes _____ No _____

PERSONAL REFERENCES

Give three reference who are not relatives or former employers.

Name	Occupation	Years Known	Phone Number	Address

AFFIDAVIT

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to Associated Scaffolding and its agents, my record reason for leaving and all information they may have concerning me, and hereby release them and Associated Scaffolding Company from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish Associated Scaffolding Company and its agents with information used in connection with the evaluation of my qualifications as a prospective employee.

I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by Associated Scaffolding Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Associated Scaffolding Company, I will agree to abide by all present and subsequently issued rules of the Company.

Signature: _____

Date: _____

SUPPLEMENTAL WORK HISTORY

From (Mo/Yr)	Company	Telephone	Starting Salary
			\$ _____ per
To (Mo/Yr)	Address	City	State
			Zip
			Final Salary
			\$ _____ per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (Mo/Yr)	Company	Telephone	Starting Salary
			\$ _____ per
To (Mo/Yr)	Address	City	State
			Zip
			Final Salary
			\$ _____ per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (Mo/Yr)	Company	Telephone	Starting Salary
			\$ _____ per
To (Mo/Yr)	Address	City	State
			Zip
			Final Salary
			\$ _____ per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (Mo/Yr)	Company	Telephone	Starting Salary
			\$ _____ per
To (Mo/Yr)	Address	City	State
			Zip
			Final Salary
			\$ _____ per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

WAIVER

Authorization to Obtain Records and Other Information for Employment Purposes

To the applicant: This form must be filled out completely - leave no blanks. Direct any questions to the Human Resources Manager.
READ ALL INFORMATION CAREFULLY BEFORE SIGNING.

I hereby authorize the Associated Scaffolding Co. Inc. to utilize the services of an outside agency to conduct an investigation into my background, which may consist of the following: employment history, education, DMV records, criminal court records, and other records as may be appropriate.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representatives, and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Signature

Date

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

For reference checking purposes only, please complete the following information. This information will remain separate from your employment application.

PLEASE PRINT CLEARLY

<input type="checkbox"/> Mr.	Last Name	First Name		Middle Name (Full name required)
<input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms.				
Maiden Name / Years Used		Other Name (Nickname, alias) / Years Used	Date of Birth	Social Security Number
Driver's License Number		State	If no DL #, enter State ID #	

	Street Address, Apt Number, City, State, Zip Code	From / To
Current Address		
Previous Addresses (Last 10 Years)	1	
	2	
	3	
	4	
	5	