



**An Equal Opportunity Employer**  
**EMPLOYMENT APPLICATION**

**PLEASE PRINT**

Date: \_\_\_\_\_

INSTRUCTIONS: Please read carefully, write clearly and answer all questions completely. Only candidates that fully complete all required sections and who sign the application will be considered for employment. Not all applicants will be interviewed; only those interviewed will receive a response from the Company. APPLICATIONS ARE ACCEPTED FOR CURRENT OPENINGS ONLY.

Name: \_\_\_\_\_  
Last First Middle

Business Telephone (\_\_\_\_) \_\_\_\_\_ Primary Telephone (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

How long have you lived at this address? (If less than five years, provide your former addresses for the past five years):  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? Yes  No

Regular part-time work? Yes  No

Temporary/Seasonal work? Yes  No

What days and hours are you available to work? \_\_\_\_\_

If applying for temporary or seasonal work, during what period of time will you be available?  
\_\_\_\_\_  
\_\_\_\_\_

Would you be available to work overtime, if necessary? Yes  No

Would you be available to work weekend overtime, if necessary? Yes  No   
*(Total hours and schedule are at the discretion of the Company)*

If hired, on what date can you start work? \_\_\_\_\_

Salary or hourly rate desired: \_\_\_\_\_

**PERSONAL INFORMATION**

Referral Sources:  Ad  Employment Agency  Walk-In  Friend/Relative  Other

Have you ever applied to or worked for the Company before? Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for the Company? Yes  No

If yes, state name(s) and relationship \_\_\_\_\_

If the position for which you are applying requires that you drive a vehicle, can you provide proof of your legal right to drive in CA? Yes  No

If hired, would you have a reliable means of transportation to and from work? Yes  No

Are you at least 18 years old? Yes  No

*(If under 18, hire is subject to verification that you are of minimum legal age and have a valid student work permit.)*

If hired, can you present documentation establishing your legal right to employment in the United States? Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes  No

If no, describe the functions that cannot be performed. \_\_\_\_\_

\_\_\_\_\_

*(Note: Hire may be subject to passing a medical fitness for duty examination.)*

**EDUCATION, TRAINING AND EXPERIENCE**

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at the Company? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List below all present and past employment, whether paid or unpaid, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach extra pages

if necessary. You must complete this section even if attaching a resume. If currently employed, state why you are seeking other employment under "Reason for Leaving".

May we contact your present employer? Yes  No

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Hours Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the most important skill you demonstrated at this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like most about this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like least about this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Hours Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What is the most important skill you demonstrated at this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like most about this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like least about this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE (Optional)**

Have you obtained any special skills or abilities as the result of military service that may relate to the position for which you are applying?                      Yes         No  

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

**List below three persons not related to you who have knowledge of your work performance within the last three years.**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

No.                      Street    City                      State                      Zip

Occupation: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_      Number of Years Acquainted: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

No.                      Street    City                      State                      Zip

Occupation: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_      Number of Years Acquainted: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

No.                      Street    City                      State                      Zip

Occupation: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_      Number of Years Acquainted: \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.**

I understand that persons employed at Rolls Scaffolding, Inc. (the "Company") have access to confidential information regarding various phases of the Company business and our clients. Therefore, the Company requires new employees, as a condition of employment, to sign a Confidentiality Agreement.

\_\_\_\_\_

I understand that information concerning competitors' operations, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company's employees. The Company will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer.

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I certify that the information provided herein is correct to the best of my knowledge and belief. I certify that I have personally completed this application. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or discharge. I authorize the references and contacts listed to provide you with any and all relevant information, personal or otherwise, and to the fullest extent allowed by law, I release all parties from all liability for any damages that may result from furnishing the same to the Company.

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In consideration of my employment, if hired, I agree to conform to the rules and regulations set forth by the Company in its policies and practices or as directed by management.

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I understand that if offered employment I may be required to submit to a drug, marijuana and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

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I understand that if offered employment, I may be required to submit to a background and reference check as a condition of beginning my employment.

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I understand that each employee of Company is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the President.

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I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Company in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application in accordance with the terms of that Agreement.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date