

Tri-City Scaffold Co., Inc. Employment Application PLEASE FILL OUT COMPLETELY

		APPLICANT II	NFORMATION	N .		
Full Name:	st	First	M.I.	Date:		
Addross:						
Address:	reet Address			Apartment/Unit #		
City			State	ZIP Code		
Phone:			Email:			
Cell Phone:						
Date Available:						
Position Applied Fo	r:					
Are you a citizen of the United States? ☐ Yes ☐ No			If no are you a	uthorized to work in the U.S.? ☐ Yes ☐ No		
Are you a chizer or	the Officed States:	163 🗆 110	ii iio, are you a	utilonized to work in the 0.5.: - 1es - 100		
Have you ever worked for this company? \square Yes \square No			If yes, when?			
EDUCATION						
High School:			Address:			
Did you graduate? ☐ Yes ☐ No			Diploma:			
0.11						
Did you graduate?	⊔ Yes ∐ No		Diploma:			
Other:			Address:			

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Please list three professional referen	REFERENCES nces.	
Full Name:	Relationship:	
Company:	Phone:	
Full Name:	Relationship:	
Company:	Phone:	
Full Name:	Relationship:	
Company:	Phone:	
	EMPLOYMENT HISTORY	
Company:	Phone:	
Address:	Supervisor:	
Job Title:	From:	To:
Responsibilities:		
Reason for Leaving:		
	May we contact this supe	rvisor for a reference? \square Yes \square No
Company:	Phone:	
Address:	Supervisor:	
Job Title:	From:	To:
Responsibilities:		
Reason for Leaving:		
	May we contact this supe	rvisor for a reference? \square Yes \square No
Company:	Phone:	
Address:	Supervisor:	
Job Title:	From:	To:
Responsibilities:		

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Reason for Leaving:	
	May we contact this supervisor for a reference? \Box Yes \Box No
STATEM	MENT & SIGNATURE
31711 =	
I declare, under penalty of perjury that my answers herein are true and comp	under the laws of New York and the United States, plete to the best of my knowledge.
• • • • • • • • • • • • • • • • • • • •	ment, I understand that false or misleading information ult in my release for cause no matter when
Signature:	Date:
***When complete, please email to: inf	fo@tricitvscaffold.com

""" when complete, please email to: into@tricityscaffold.com



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