

BREWER EQUIPMENT Co. – SCAFFOLD SERVICES

ENROLLMENT APPLICATION

Date _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MI)		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS	REFERRED BY	
EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER OF EMERGENCY CONTACT	
ARE YOU AT LEAST 18 YEARS OF AGE? YES NO	ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	HOURLY RATE DESIRED
HAVE YOU EVER WORK FOR BREWER EQUIPMENT CO. BEFORE? YES NO	WHERE?	WHEN?
DO YOU HAVE YOUR OWN TRANSPORTATION? YES NO	CHECK ALL STATES WHERE YOU WILL WORK NC SC VA	WHAT IS YOUR SKILL LEVEL? FOREMAN ERECTOR LABORER

FORMER SCAFFOLD ERECTIONS COMPANIES

(LIST BELOW PREVIOUS SCAFFOLD ERECTION COMPANIES YOU HAVE WORKED FOR)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	RATE	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise, and release Brewer Equipment Co. from all liability for any damage that may result from utilization of such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Brewer Equipment Co. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood 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 the President of Brewer Equipment Co.

I understand also, that I am required to abide by all rules and regulations of Brewer Equipment Co.

DATE _____ SIGNATURE _____

Please return to the address below

Brewer Equipment Co.- Scaffold Services Division
4611 W. Market St., Greensboro, NC 27407
336-292-6737 Phone 336-292-2171 Fax