

# APPLICATION FOR EMPLOYMENT

**PLEASE READ CAREFULLY**

**- PRINT CLEARLY -**

**ANSWER ALL QUESTIONS**

COMPANY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

Name in Full \_\_\_\_\_  
(Last) (First) (Middle) U.S. Soc. Sec. #

Present Address \_\_\_\_\_  
(Number & Street) (City) (State & Zip Code) (Telephone)

Permanent Address \_\_\_\_\_  
(Number & Street) (City) (State & Zip Code) (Telephone)

Applying \_\_\_\_\_ Full-Time \_\_\_\_\_ Date \_\_\_\_\_ Number of Years  
 For job as: \_\_\_\_\_ Part-Time \_\_\_\_\_ Available \_\_\_\_\_ Experience \_\_\_\_\_

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on the information you are providing on this form? If yes, please explain. \_\_\_\_\_

Can you, after employment, submit legal verification of your legal right to work in the United States? \_\_\_\_\_

Are you 18 years of age or over? \_\_\_\_\_

Who do we notify in case of an emergency during working hours? \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

ALL DRIVERS LICENS HELD LAST 3 YEARS	STATE	LICENSE NO.	CLASS	EXPIRATION DATE

Dock, driving, yard and shop jobs may require physical agility and heavy exertion and lifting.  
 Do you have any physical condition which may limit your ability to perform the job applied for? Yes \_\_\_\_ No \_\_\_\_  
 If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Have you any Relatives Yes \_\_\_\_ If yes, give Names  
 Employed by Company? No \_\_\_\_ and Position \_\_\_\_\_

Have you ever worked for this Company before? \_ Where? \_\_\_\_\_ When? \_\_\_\_\_  
 Are you now employed? \_\_\_\_\_ Is so, may we inquire of your present employer? \_\_\_\_\_  
 Please list job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, religious creed, color, national origin, ancestry sex or age. \_\_\_\_\_

Have you ever been convicted of a felony? (Such conviction will not necessarily disqualify you from the position applied for.) \_\_\_\_\_  
 Have you ever been convicted of a misdemeanor, which resulted in imprisonment within the last two (2) years? (Such conviction will not necessarily disqualify you from the position applied for.) \_\_\_\_\_

## EDUCATION

SCHOOLS	NAME OF SCHOOL	ADDRESS	GRADUATE OR DEGREE?
Grade School			
High School			
College or University			
Business or Technical			
Other			

If you served in the military, list any skills learned which you feel are relevant to the position you are applying for. \_\_\_\_\_

The ability to be bonded is a condition of hire. A photograph and a copy of your fingerprints may be required after employment.

## REFERENCES (PERSONAL) OTHER THAN RELATIVES

NAME	ADDRESS (CITY – STATE)	OCCUPATION	YRS. ACQUAINTED

**PREVIOUS EMPLOYMENT**

(Give a complete record of all employment and reasons for periods unemployed during past (10) years. Start with most recent employment.)

CO. USE REF. CK	EMPLOYERS (LIST LAST ONE FIRST)	ADDRESS	POSITION	EMPLOYED		REASON FOR LEAVING
				FROM	TO	

**DRIVING EXPERIENCE RECORD**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS**

MONTH-YEAR	TYPE ACCIDENT	TYPE EQUIP	DEATH OR INJURIES	CITY OR COUNTY	NIGHT OR DAY	EMPLOYER

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

(ATTACH SHEET IF MORE SPACE NEEDED)

LOCATION	DATE	CHARGE	PENALTY

License revoked last three years? \_\_\_\_\_ Give statement of circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL DRIVING RECORD**

To date I have driven trucks for \_\_\_\_\_ years, covering approximately \_\_\_\_\_ miles. The date of my last accident, while driving a commercial vehicle, was \_\_\_\_\_ miles. The date of my last accident, while driving a commercial vehicle, was \_\_\_\_\_. Since that time I have driven approximately \_\_\_\_\_ accident free miles.

**SAFE DRIVING AWARDS, ETC.**

DATE	KIND OF AWARD	PRESENTED BY	WHILE EMPLOYED BY	IN RECOGNITION OF

**CRANE OPERATING EXPERIENCE**

CRANE TYPE	CRANE SIZE	YEARS EXPERIENCE	EMPLOYER	PHONE

**APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:**

I authorize the employer or his agents to investigate my background and ascertain any and all information of concern to my record, whether same is or record or not, and release employers and persons named herein from all liability for any damages on account of his furnishing such information. I understand that misrepresentation or omission of facts called for on this employment application will, if hired, result in discharge. Labor Code Section 2922 states that employment, having no specified term, may be terminated at the will of either party. The employer adheres to this section of the Labor Code and hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party without cause.

I certify that this application was completed by me and that all entries on it and information on it are true and complete. Furthermore, I have read and understand all of the conditions upon which this offer of employment is made.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature