

BREWER

CRANE AND RIGGING

Application for Employment

Equal Opportunity Employer

Today's Date: _____

Personal Information

Last Name		First Name		M.I.
Permanent Address		City	State	Zip
Phone No. () ()	Cell No. () ()	Social Security No. - -		

Employment Desired

Position Desired	Date You Can Start	Wage/Salary Desired
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education History

Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
Grammar School			
High School			
College			
Trade or Business, School			

General Information

Do you have experience in: <input type="checkbox"/> Crane Operation <input type="checkbox"/> Rigging	How long is your experience with Crane Operation or Rigging?
Are you currently NCCCO Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are NCCCO Certified, for what crane(s)? <input type="checkbox"/> Tower Crane
Do you currently have a Class A Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lattice Boom Truck <input type="checkbox"/> Lattice Boom Crawler <input type="checkbox"/> Small Hydraulic <input type="checkbox"/> Large Hydraulic
Are you familiar with welding and/or fabrication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any experience as a mechanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Military/Naval Service:	Rank:
Please tell us about yourself: (work or special training/skills)	

Former Employment

(Please list last four employers, starting with the most recent.)

Month & Year	Name & Phone No. of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

Continue to other side.

References		
(Give the names of three persons, not related to you, whom you have known at least one year.)		
Name	Phone No. (and Address if possible)	Business

Authorization	
<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>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 any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."</p>	
Date	Signature

DO NOT WRITE BELOW THIS LINE

Interviewed By:	Date:
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Admin. Remarks

Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	For Department:	Position:
Will Report To:	Salary/Wage:	

Approved: 1 _____ Superintendent 2 _____ Operations Manager 3 _____ President