

**Application for Employment****APPLICANT MUST READ AND SIGN**

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the **Fair Credit Reporting Act**, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208) I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

**AT WILL EMPLOYMENT POLICY**

The employment relationship between the company and the employee is an at will relationship. The employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time at the option of either the company or the employee.

I, understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Social Security Number \_\_\_\_\_

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

Date \_\_\_\_\_

Name \_\_\_\_\_

First

Middle

Last

Phone \_\_\_\_\_

Current Address \_\_\_\_\_

Street

City

State

Zip Code

\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street

City

State

Zip Code

Since? (Month, Year)

Street

City

State

Zip Code

Since? (Month, Year)

**IN CASE OF EMERGENCY NOTIFY** \_\_\_\_\_

Phone \_\_\_\_\_

Street

City

State

Zip Code

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

Temporary \_\_\_\_\_

Part-time \_\_\_\_\_

Full-time \_\_\_\_\_

Who referred you? \_\_\_\_\_

Rate of pay expected \_\_\_\_\_

Date you can start \_\_\_\_\_

Names of any relative employed by this company \_\_\_\_\_

**EDUCATION**

Highest grade completed:

1

2

3

4

5

6

7

8

9

10

11

12

College: 1 2 3 4

Last school attended \_\_\_\_\_

Name

Address

**GENERAL**

Have you ever been convicted or pled guilty to a felony or other crime? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_

If so, under what name? \_\_\_\_\_

Applicant can provide proof that they can legally work in the USA: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

## MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

### EQUIPMENT TRAINING AND/OR EXPERIENCE

<u>Indicate training and Experience in the Following:</u>	<u>Formal Training (Check)</u>	<u>Years of Experience</u>	<u>Area</u>	<u>Formal Training (Check)</u>	<u>Years of Experience</u>
Forklift			Winches		
Aerial lift			Laser Cutter		
Crane			Metal Shear		
Backhoe			Metal Brake		
Hydraulic Press			Vertical Bandsaw		
Turning Lathe			Table Saw		
Sawzall			Drill Press		
Bandsaw					
Wirefeed Welder					
Electric Welder Arc					
Oxyacetylene Welder					
Paint Spray Gun					

### CLERICAL EXPERIENCE AND QUALIFICATIONS

List Courses and training in office work: \_\_\_\_\_

<u>Indicate training and experience in the following:</u>	<u>Formal Training (Check)</u>	<u>Years of Experience</u>	<u>Area</u>	<u>Formal Training (Check)</u>	<u>Years of Experience</u>
Typing (wpm)			Photocopier		
Billing			Accounting		
Filing					
Computers (indicate software)					
Word Processing Equipment					
Calculator					
Adding Machine			Switchboard Equipment (Indicate type)		

### EMPLOYMENT RECORD

Applicant gives permission for EBM Corporations to contact past employers: Yes\_\_\_ No\_\_\_ **Signature:** \_\_\_\_\_

**Start with your last or current position, including military experience, and work back.**

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 month/year month/year

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 month/year month/year

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 month/year month/year

Reason for leaving: \_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATION**

Licenses:

<u>All Driver Licenses</u>	<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Expiration Date</u>
<u>Held in past</u>				
<u>3 years</u>				
<u>Must be</u>				
<u>Shown</u>				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Do you hold a current CDL license? Class A Class B Class C Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to A,B, or C, include a statement giving details in the email when you submit this application.

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Other				

List states operated in during the last five years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

**Accident review for past 3 years (Attach separate sheet of paper if more space is needed).**

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

**Traffic Conviction and Forfeitures for the past 3 years, other than parking violation.**

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

**EQUAL EMPLOYMENT OPPORTUNITY POLICY**

EBM Corporations (EBM Properties, EBM Construction, EBM Manufacturing, EBM Leasing and Pro Crane Services) shall recruit, hire, train, and promote in all job titles without regard to race, color, creed, national origin, gender, pregnancy, marital status, sex, religion, age, military service, disability or handicap, or any other basis prohibited by federal, state or local law. All other personnel actions, such as compensation, benefits, Company sponsored training, transfer, demotion, termination, layoff and return from layoff, shall be administered without regard to race, color, creed, national origin, gender, pregnancy, marital status, sex, religion, age, military service, or disability or handicap, or any other basis prohibited by federal, state or local law.