

**APPLICATION FOR EMPLOYMENT
And
PERSONNEL RECORD FOLDER**

**VERNAM CRANE SERVICE, INC.
6662 S. Highway 97
Redmond, Oregon 97756
Phone #(541) 923-7670 FAX #(541) 923-1161**

Application must be filled out entirely to be considered for a position with this company.

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

NAME: _____ **Social Sec. Number** _____
First M.I. Last

ADDRESS _____
Street Apt. # P.O. Box

City State Zip Code Phone Number

How Long at Current Residence? _____ (If less than 3 years list past addresses)

PREVIOUS ADDRESS _____
Street Apt. # P.O. Box

City State Zip Code

How Long? _____

PREVIOUS ADDRESS _____
Street Apt. # P.O. Box

City State Zip Code

How Long? _____

PREVIOUS ADDRESS _____
Street Apt. # P.O. Box

City State Zip Code

How Long? _____

Do you have the legal right to work in The United States? _____

Are you 21 years of age or over? _____ **Date of Birth** _____

In Case of Emergency Contact: _____
Name Phone # Relationship

Position Applied For: _____ Years of experience in this position _____

Seeking Temporary or Full Time employ? _____ Rate of pay expected/requested? _____

Who referred you/how did you find out about this position? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, please explain _____

Education: High School graduated from? _____ Year _____

Military Status

Have you served in the U.S. Armed Forces? _____ Branch _____ Date: From _____ To _____

EMPLOYMENT RECORD (Please list past employment for at least 10 years)

Employer Name: _____ Phone # _____

Address: _____

Street

City, State, Zip

Position Held _____ Dates From _____ To _____

Pay rate/Salary _____ Reason for leaving _____

Were you subject to the FMCSR's? _____ Were you in safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements are required by 49 CFR part 40? _____

Employer Name: _____ Phone # _____

Address: _____

Street

City, State, Zip

Position Held _____ Dates From _____ To _____

Pay rate/Salary _____ Reason for leaving _____

Were you subject to the FMCSR's? _____ Were you in safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements are required by 49 CFR part 40? _____

Employer Name: _____ Phone # _____

Address: _____

Street

City, State, Zip

Position Held _____ Dates From _____ To _____

Pay rate/Salary _____ Reason for leaving _____

Were you subject to the FMCSR's? _____ Were you in safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements are required by 49 CFR part 40? _____

Employer Name: _____ Phone # _____

Address: _____

Street

City, State, Zip

Position Held _____ Dates From _____ To _____

Pay rate/Salary _____ Reason for leaving _____

Were you subject to the FMCSR's? _____ Were you in safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements are required by 49 CFR part 40? _____

Employer Name: _____ Phone # _____

Address: _____

Street

City, State, Zip

Position Held _____ Dates From _____ To _____

Pay rate/Salary _____ Reason for leaving _____

Were you subject to the FMCSR's? _____ Were you in safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements are required by 49 CFR part 40? _____

Employer Name: _____ Phone # _____

Address: _____

Street

City, State, Zip

Position Held _____ Dates From _____ To _____

Pay rate/Salary _____ Reason for leaving _____

Were you subject to the FMCSR's? _____ Were you in safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements are required by 49 CFR part 40? _____

Have you ever been convicted of a felony? If yes, please give details. (your response will not necessarily disqualify you from consideration of employment) _____

Experience and Qualifications – Driver

Driver's License - _____

State

Number

Class/Type

Expiration Date

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 subject to Section 391 of the Federal Motor Carrier Safety regulations?

Yes _____ No _____

If the answer to either A, B, or C is yes, please explain giving details (your response will not necessarily disqualify you from consideration of employment) _____

Driving Experience (please list years driving experience, type of equipment pulled, approximately miles driven)

Straight truck _____

Tractor & Semi-trailer _____

Tractor & Two trailers _____

Boom Truck _____

Crane _____

Other _____

List any special courses of training that will help you as a driver _____

Accident Review – Please list ALL accidents (regardless of fault) for the past 10 years

Nature of accident _____ Date occurred _____
Injuries _____ Fatalities _____ Convictions _____

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Injuries _____ Fatalities _____ Convictions _____

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Injuries _____ Fatalities _____ Convictions _____

Nature of accident _____ Date occurred _____
Injuries _____ Fatalities _____ Convictions _____

Nature of accident _____ Date occurred _____
Injuries _____ Fatalities _____ Convictions _____

Traffic Convictions and forfeitures for the past 10 years (other than parking violations)

Location _____ Date occurred _____
Charge _____ Penalty/Fine _____

Location _____ Date occurred _____
Charge _____ Penalty/Fine _____

Location _____ Date occurred _____
Charge _____ Penalty/Fine _____

Location _____ Date occurred _____
Charge _____ Penalty/Fine _____

Location _____ Date occurred _____
Charge _____ Penalty/Fine _____

Crane Operating Experience (please list years of operating experience, type of crane, size of crane)

Rough Terrain _____

Hydraulic _____

Boom Truck _____

Lattice Boom _____

Crawler _____

Other _____

List any special courses of training that will help you as a crane operator, including any special licenses _____

NCCCO Certified? _____ **Type** _____ **Expiration** _____

Accident Review – Please list ALL accidents (regardless of fault) for the past 10 years

Nature of accident _____ Date occurred _____

Injuries _____ Fatalities _____ Convictions _____

Nature of accident _____ Date occurred _____

Injuries _____ Fatalities _____ Convictions _____

Nature of accident _____ Date occurred _____

Injuries _____ Fatalities _____ Convictions _____

Nature of accident _____ Date occurred _____

Injuries _____ Fatalities _____ Convictions _____

Nature of accident _____ Date occurred _____

Injuries _____ Fatalities _____ Convictions _____

Rigging and/or signalman experience

Years of experience _____ Size of cranes worked with _____

Special courses, training obtained, or special licenses _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that the above information regarding my driving and operating experience and record was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Vernam Crane Service, Inc. and its insurance company/agency to make such investigations and inquiries regarding this information from the Department of Motor Vehicles of whatever state(s) I have records in and to keep such findings in my personnel file in their office. I understand that these records will be kept confidential between myself and Vernam Crane Service, Inc. and also understand that because their insurance company/agency will be compiling these reports they will be kept, confidentially, in their office files as well. In the event of employment, I also understand that these inquiries will be made annually, and that as a result of certain findings in these reports I may not be able to operate this company's vehicles, but may not necessarily be caused for dismissal.

Applicant's Signature

Date