# **CONSOLIDATED CRANE CO.** Application for Employment

CONSOLIDATED CRANE CO. CONSIDERS ALL APPLICANTS FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

#### (PLEASE PRINT)

POSITION(S) APPLIED FOR		DATE OF APPLICATION
HOW DID YOU LEARN ABOUT US?	WALK-IN	EMPLOYMENT AGENCY
HOW DID YOU LEARN ABOUT US? ADVERTISEMENT	VVALK-IN	<b>EMPLOYMENT AGENCY</b>
FRIEND	RELATIVE	

Last Name	1	First Name	Middle N	Name	
Address	Number	Street			
City		State		Zip Code	
Class Driver's License		License N	lumber		State
Driver's License Status	U Valid	Suspended	Temporary	Other_	<u> </u>
Telephone Number(s)			Social Security Numb	ber	
Person to contact in an emergen	ecy.		Telephone Nu	mber(s)	
Email Address					
If you are under proof of your elig		ge, can you provide : k?	required	🗌 yes	🗌 no
Have you ever fi before?		tion with Consolida	ted Crane Co.	🗌 yes	no no
	If yes	s, give date			
		by Consolidated Cr nte		u yes	🗌 no
Are you current	ly employed?			🗌 yes	no
May we contact	your present e	employer?		🗌 yes	🗌 no
in this country b	ecause of Visa	lly becoming emplo or Immigration sta tatus will be required upo	atus?	🗌 yes	🗌 no
On what date we	ould you be av	ailable for work?			
Are you availabl	e to work:	] Full Time 🗌 Part	t Time 🗌 Shift	Work	Temporary
Are you current	ly on "lay-off"	' status and subject	to recall?	🗌 yes	🗌 no
Can you travel if	f a job require	s it?		🗌 yes	🗌 no
Have ever you be Convictions will no	een convicted ot necessarily disq	of a felony? mualify an applicant from	employment.	🗌 yes	🗌 no
If yes, please exp	olain				

	Name and Address of School		Course of Study	Dates Attended	Diploma/ Degree
Elementary					
School					
High					
School					
Undergraduate/					
College					
Graduate/					
Professional					
Special Training/					
Other					
INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE					
	FLUENT	Good	)		FAIR
Speak					
READ					
WRITE					

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any job-related training received in the United States Military.

#### List three (3) personal references. Please do not list relatives.

•			
	(Name)	(Relationship)	(Telephone)
	(Address)		
	(Name)	(Relationship)	(Telephone)
	(Address)		
	(Name)	(Relationship)	(Telephone)
	(Address)		

### **OTHER QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

### SPECIAL SKILLS

List Skills/Equipment Operated

Type of Equipment

Years Experience

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

State any additional information you may feel may be helpful to us in considering your application.

### **EMPLOYMENT HISTORY**

Be specific. Please list employment history, from present to past in chronological order. Include any jobrelated military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer			mployed		
		From	To	Work Performed	
Address		Hourly R Starting	ate/ Salary Final		
Telephone Number(s)					
Job Title	Supervisor Name				
Reason for leaving	I		-		
Employer		Dates F	Imployed		
1.00		From	То	Work Performed	
Address		Hourly R Starting	ate/ Salary Final		
Telephone Number(s)					
Job Title	Supervisor Name		-		
Reason for leaving			-		
Employer		Dates F	mployed		
1.00		From	То	Work Performed	
Address		Hourly R Starting	ate/ Salary Final		
Telephone Number(s)					
Job Title	Supervisor Name				
Reason for leaving	1				
Employer			mployed		
		From	То	Work Performed	
Address		Hourly D	ate/ Salary		
Address		Starting	Final		
Telephone Number(s)					
Job Title	Supervisor Name				
Reason for leaving					
Employer		Dates F From	Cmployed To	Work Performed	
Address		Hourly R Starting	ate/ Salary Final		
Telephone Number(s)					
Job Title	Supervisor Name				
Reason for leaving	1				

If you need additional space, please continue on a separate sheet of paper.

## **APPLICANT'S STATEMENT**

This application for employment shall be active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Consolidated Crane 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 an authorized executive of Consolidated Crane Co.

I authorize Consolidated Crane Co. to perform a complete background investigation to include Social Security Trace/ Verification, Criminal Background Check, Workers Compensation History and Motor Vehicle Record for the purpose of pre-employment evaluation and for continuing employment. This authorization shall remain in force until revoked by me in writing.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSIFICATION OF ANY ANSWER OR INFORMATION CONTAINED IN THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF CONSOLIDATED CRANE CO.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such job or occupation is attached.

I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY					
Arrange Interview	🗌 yes	no			
Remarks					
				Interviewer	Date
Employed	yes	no	Date of Emp	oloyment	
Job Title		Hourly F	Rate/Salary	Department_	
	By				
		NAME AND TI	TLE	DA	ATE
NOTES					