

Last name

## ALLEGIANCE CRANE & EQUIPMENT EMPLOYMENT APPLICATION

No

Date of Application

We are an equal opportunity employer. We employ, train, compensate, and promote without regard to race, color, religion, sex, national origin, age, citizenship, disability, or any other basis protected by applicable federal, state, or local law. Applicants who require reasonable accommodation regarding an interview and/or the employment process should make their request known to the Company.

First name

Present address		How long have you lived there			
Street and Number		Years			
City, State, Zip			Months		
Previous Address					
Street Number		How long did you live there?			
City, State, Zip		Years			
Telephone numbers			Months Are you 18 years of age?		
relephone numbers	Social Security Hum	Dei			
			Yes		
			No		
Position Desired	Placement Desired:	ement Desired:			
	Full time	Part time	Tomporany		
When are you available to Start:	Date	Part time	Temporary		
Have you ever been terminated or asked	d to resign from any jo	ob? Yes No			
If yes, please explain:					
May we contact your current employer?	Yes No				
If no, Please explain:					
Have you ever worked for Allegiance Cr	ane & Equipment Cra	ane & Equipment be	efore? Yes No		
If yes, please give dates and po	sition:				
Do you have any friends or relatives wo	rking here or for one o	of our other compar	nies? Yes No		
How did you hear about this job opportu	nity?				
Do you have any commitments to any of	ther employer which r	may affect your emp	ployment Yes No		
If yes please explain:					
NOTE: Answering yes" to the following questoreding questions, please give dates and		te an automatic disqu	alification. If you answer yes to any of the		

Have you ever plead "no contest" nolo, or guilty to a crime, or been convicted of a crime?

CFR Part 40? YES NO

**EDUCATION** School Name Years Completed Diploma/Degree Describe Specialized Experience, Training, (Circle) Skills, and Extra-Curricular Activities Elementary 45678 High School 9 10 11 12 College/University 1234 Graduate/Professional 1234 Trade or Correspondence List other qualifications, experiences, licenses, certifications, etc., that you consider pertinent to the job applied for: Do you have a current valid driver's license? Yes No Has your license been suspended or revoked? Yes No If yes, explain: \_\_\_\_\_\_ EMPLOYMENT HISTORY (10 years history required for DOT applicants) Supervisor's Name: \_\_\_\_ PRESENT OR MOST RECENT EMPLOYER Name: \_\_ Supervisor's Title: Address: \_\_\_ Phone # (\_\_\_\_\_\_\_\_ \_\_\_\_\_ Zip Code\_\_\_ City/State Dates Employed: Phone # ( ) -From: / / To: / / Job Titles: Starting Base Salary: Commissions: Duties and Responsibilities: Final Base Salary: Bonus: Reason for Leaving: \_\_\_\_\_ Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO

Was the previous job description designated as safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49

PREVIOUS EMPLOYER	Supervisor's Name:					
	Caporvisor o Hame.					
Name:	Supervisor's Title:					
Address:						
City/State Zip Code	Phone # ( ) -					
Phone # (	Dates Employed:					
Job Title(s): 1)	From: / _ / To: _ / _ /					
Duties and Responsibilities:	Starting Base Salary: Commissions:					
Reason for Leaving:	Final Base Salary: Bonus:					
Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO  Was the previous job description designated as safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49  CFR Part 40? YES NO						
PREVIOUS EMPLOYER	Supervisor's Name:					
	oupervisors reame.					
Name:	Supervisor's Title:					
Address:						
City/State Zip Code	Phone # (					
Phone # (	Dates Employed:					
	From: / / To: / /					
Job Title(s): 1)						
Duties and Responsibilities:	Starting Base Salary: Commissions:					
Reason for Leaving:	Final Base Salary: Bonus:					
Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO Was the previous job description designated as safety sensitive function in any DOT regulated mode, subject to alcohol and co CFR Part 40? YES NO	introlled substance testing requirements as required by 49					
Please explain any time lapse between jobs:						

**REFERENCES**Please provide the names of 3 business references you are not related to, whom you have known at least 1 year.

Name	Business Relationship	Business	Contact Ph or Email		

## **CRANE OPERATORS:**

	State/Certificate Body	License #	Class Ty	ре	Expiration Date			
Crane Operator License								
Class of Equipment	Type of Equipmen	Type of Equipment Dates Operated		Aprox # of Hours Operated				
Boom Truck								
Hydraulic Crane								
Tower Crane								
Other:								
"By executing and submitting this application, I certify that I am genuinely interested in working in the position(s) for which I have applied and am making this application for no other purpose."  I hereby certify that the answers given above are true and correct. I understand that any misrepresentation in this application or in any other document submitted to Allegiance Crane & Equipment is sufficient grounds for disqualification of the applicant or, if discovered after the applicant is hired, for discharge. I hereby grant Allegiance Crane & Equipment permission to investigate information included in this application. I agree, as part of the employment process, that any offer of employment extended Allegiance Torane & Equipment is subject to successfully passing a drug/alcohol screen which may include blood testing, urinalysis, etc. for the purpose of detecting alcohol, drugs, or substances of abuse. I further agree after employment to submit to a medical examination and/or a drug screen when requested by Allegiance Crane & Equipment in accordance with company policies."  "In connection with the processing of this application, Allegiance Crane & Equipment and/or their agents, may contact my current and former employers, my listed references, and my schools to obtain more information about me and I authorize and release from all liability those persons to give Allegiance Crane & Equipment any information regarding my employment, character, safety performance (as required by 49 CFR 391.23[d] and [e]), and qualifications, together with any information they may have regarding me whether on to it is in their records. Allegiance Crane & Equipment may allow contact my credit or consumer reporting agency to obtain information concerning my character, general reputation, personal characteristics, and mode of living. I understand that all offers of employment extended by Allegiance Crane & Equipment are subject to investigations described above, and that such investigations may not be completed until after I am hired.								
Applicant Signature		_	Date					