

APPLICATION FOR EMPLOYMENT





















An Equal Opportunity Employer

McCLUNG-LOGAN

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT , except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.					
Job Applied for Today's Date					
Are you seeking: Full-time ☐ Part-time ☐ Temporary ☐ employment?					
What company are you interested in: ☐McClung-Logan Equipment ☐Power Equipment Company ☐Crane Service, Inc.					
☐ Komptech Americas LLC ☐ Plexus Recycling ☐ Winslow Crane Service Company ☐ M-L Holdings Company					
□ML Cranes & Equipment □United Crane & Rigging □Power Screening, LLC □Power Equipment Co., UTAH					
☐Creative Wire Specialties ☐Komptech ☐ Harbert Machine & Welding, Inc. ☐ Majestic Rigging & Transportation					
When could you start work? Email:					
Last Name First Name Middle Name Telephone Number					
Present Street Address City State Zip Code					
Are you 18 years of age or older?					
Were you referred by a current employee? Yes□ No□ If yes, please provide employee's name:					
If hired, can you furnish proof you are eligible to work in the U.S.? Yes □ No □					
Have you ever applied here before? Yes □ No □ If yes, when?					
Were you ever employed here? Yes □ No □ If yes, when?					
Have you ever been convicted of any law violation? Include any Plea of "guilty" or "no contest." Exclude minor traffic violations Yes □ No □					
If yes, give details (A conviction will not necessarily disqualify an applicant for employment.)					
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If employed, do you expect to be engaged in any additional business or employment outside of our job?					
If yes, give details					

EDUCATION					
List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate			
High School or GED:	Completed				
College or University:					
Subjects Studied:					
Vocational or Technical:					
vocational of Technical.					
Subjects Studied:					
Subjects Studied:					
SPECIAL SKILLS					
What skills or additional training do you have that are related to the job for which you are applying?					
What machines or equipment can you operate that are related to the job for which you are applying	?				
what machines of equipment can you operate that are related to the job for which you are applying	•				
For Driving Jobs Only: Do you have a valid driver's license? You	es 🗆	No 🗆			
Driver's License Number Class of License State Licen	nsed In				
Have you had your driver's license suspended or revoked in the last 3 years? Ye	s 🗆 N	lo 🗆			
If yes, give details:					
List professional, trade, business or civic activities and offices held: (Exclude labor organizations and memberships which reveal race, color, religion,, national origin, si protected status.)	x, age, disab	ility, or other			

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

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Name of Employer	Supervisor(s)				
Address	Employed				
	From (mo/yr) /	To (mo/yr) /			
City, State, Zip Code	Pay				
Telephone	Start \$	Final \$			
Title	Reason for Leaving:				
Duties					
Name of Employer	Supervisor(s)				
Address	Employed				
	From (mo/yr) /	To (mo/yr) /			
City, State, Zip Code	Pay				
Telephone	Start \$	Final \$			
Title	Reason for Leaving				
Duties					
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Address	Employed				
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City, State, Zip Code	Pay				
Telephone	Start \$	Final \$			
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Duties					

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	REFERENCE	S			
Have you worked or attended school u	under any other names?] No □		
ii yes, give names.					
Are you presently employed? If yes, whom do you suggest we	e contact:		No □		
Have you ever been fired from a job or If yes, please explain:	r asked to resign?		□ No □		
Give three references, not relatives. Name	Address	Phone			
Name	Addiess	FIIOHE			
	AFFIDAVIT, CONSENT A	ND RELEASE			
PLEASE	READ EACH STATEMENT CARE				
I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.					
I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.					
I understand I may be required to s post-employment drug screen as a			nsent to a pre- and/or		
I understand that if I am extended a complete pre-employment physical medical information as may be dee	examination and a successful	drug screen. I consent to the	e release of any or all		
I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINATE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.					
I have read, understand, and by my sig	gnature consent to these statemer	nts.			
Signature:		Date:			
This application for employment will remain active for a limited time. Ask the organization's representative for details.					