

APPLICATION FOR EMPLOYMENT



ML Holdings Crane Companies



ML Utilities Division



An Equal Opportunity Employer

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: Chellino Crane Crane Rental Company Crane Service Inc. Creative Wire Specialties
 KompTech Americas Machinery Supply Marks Crane & Rigging McClung-Logan Equipment Company
 ML Cranes & Equipment / ML Utilities ML Holdings Company Plexus Recycling Technologies Power Equipment Company
 Power Screening, LLC United Crane & Rigging Winslow Crane Service Co.

When could you start work? _____ Email: _____

Last Name	First Name	Middle Name	Cell Phone Number
Current Street Address	City	State	Zip Code
Are you 18 years of age or older?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If you are hired, you may be required to submit proof of age.)			
Were you referred by a current employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide employee's name: _____	
If hired, you will be required to furnish proof your eligibility to work in the U.S.			

Have you ever applied here before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Were you ever employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>

If yes, give details _____
 (A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business
 or employment outside of our job? Yes No

If yes, give details _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/Degree/Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ 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? _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of license _____ State Issued _____

Do you have a valid CDL? Yes No Do you have a valid medical card? Yes No

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

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, sex, age, disability, or other protected status.)

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.**

Name of Employer	Supervisor(s)
Address	Employment Dates:
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Reason for Leaving:
Job Title	
Duties	
Name of Employer	Supervisor(s)
Address	Employment Dates:
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Reason for Leaving:
Job Title	
Duties	
Name of Employer	Supervisor(s)
Address	Employment Dates:
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Reason for Leaving:
Job Title	
Duties	
Name of Employer	Supervisor(s)
Address	Employment Dates:
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Reason for Leaving:
Job Title	
Duties	

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives.

Name	Address	Phone

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

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 termination 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 successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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 signature consent to these statements.

Signature: _____

Date: _____

This application for employment will remain active for a limited time.
Ask the organization's representative for details.