

	Gulf Crane Services, Inc HR Manual	Doc ID:	GCS_HR-FRM-002
		Initial Issue Date:	1/1/2009
Employment Applicant Form		Revision Date:	10/18/2017
		Affective Date:	10/18/2017
		Revision #:	R1
		Approved By:	Calvin Kaul

PERSONAL INFORMATION

DATE: _____

Last Name:	_____	First Name:	_____	Social Security #:	_____
Permanent Address:	_____	City:	_____	State:	_____
Phone #:	_____	Referred By:	_____	Zip Code:	_____

EMPLOYMENT DESIRED

Position:	_____	Date you can start?	_____	Salary Desired?	\$ _____
Are you now employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we inquire of your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, who may we speak with?	_____
Have you ever applied for this company before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so when?	_____		

EDUCATION HISTORY

Name of School & Location:	Degree Received:
High School	_____
College	_____
Trade, Business or Correspondence School	_____

GENERAL INFORMATION

Subjects of Special Study/Research Work or Special Training/Skills	

US Military or Naval Services:	Rank: _____

FORMER EMPLOYERS (LIST BELOW THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

Month/Year	NAME AND ADDRESS OF EMPLOYER	Salary	Position	Reason for Leaving
From: _____	_____	_____	_____	_____
To: _____				
From: _____	_____	_____	_____	_____
To: _____				
From: _____	_____	_____	_____	_____
To: _____				
From: _____	_____	_____	_____	_____
To: _____				

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REFERENCES (GIVE THE NAMES OF THREE CONTACTS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

Name	Address	Business	Years Known

AUTHORIZATION

- “I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements on this application shall be grounds for dismissal.
- I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability from any damages that may result from utilization of such information.
- I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
- This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

IF EMPLOYED A BANK ACCOUNT AND SOCIAL SECURITY CARD WILL BE REQUIRED, "THIS IS NOT NEGOTIABLE."

_____ Employee Name (Print)	_____ Employee Signature	_____ Date
_____ Interviewer (Print)	_____ Interviewer Signature	_____ Date
_____ Second Interviewer (Print)	_____ Second Interviewer Signature	_____ Date

REMARKS (DO NOT WRITE BELOW THIS SPACE)



**Gulf Crane Services, Inc
HR Manual**

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Applicant Work Experience Form

Name: _____ Date: _____

Craft: _____

Current Experience:

Previous Crane Experience:

Office/Offshore Experience:

Other Work Experiences:

Applicants Name (Print)

Applicants Signature

Date