



GULF CRANE SERVICES, INC.

APPLICATION FOR EMPLOYMENT

*Pre-employment Questionnaire

*Equal Opportunity Employer

PERSONAL INFORMATION

Date: _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY:		

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 TO THIS COMPANY BEFORE? <input type="checkbox"/> -Yes <input type="checkbox"/> -No	IF SO WHEN?	

EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE	Degree Received
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOLS			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
US MILITARY OR NAVAL SERVICE	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				

REFERENCES

(GIVE BELOW THE NAMES OF THREE PERSONS 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 of time, 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.”

Signature: _____

Date: _____

Interviewed by: _____

Date: _____

DO NOT WRITE BELOW THIS SPACE

REMARKS

NEATNESS	CHARACTER	
PERSONALITY	ABILITY	
HIRED	POSITION	SALARY/WAGE

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Authorized Dealer and Service Provider for

