

Merchant Transport and Rigging

DATE _____

Name _____

Present Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Cellular _____ Social Security Number _____

Are you a U.S. Citizen? _____

Emergency Contact/Relationship _____

Contact Phone Number _____

Position Applied for _____

Full Time or Part Time _____

Rate of pay requested \$ _____

Do you have transportation? _____

Can you work nights and/or weekends? _____

Available Start Date _____

Have you ever been convicted of a crime? _____ If yes, list date, location and conviction and time served if applicable _____

Driver's License Number _____ State Issued _____

Commercial Endorsement (Yes, No, Class) _____

Endorse _____ Expiration Date _____ Issued Date _____

DOT Med Card Expiration if CDL _____

Education

Location	Number of years	Diploma, Certificate
High School	_____	_____
College	_____	_____
Graduate School	_____	_____
Specialty	_____	_____
Trade	_____	_____

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Have you ever been in the Military? _____

Are you currently a member of the National Guard? _____

Dates of Service _____

Branch _____

Discharge Status (honorable, dishonorable, medical) _____

List pre-existing medical conditions that could limit your work duties:

DRIVER INFORMATION SUPPLEMENT: (*non-CDL driver*)

Best describe *your driving* record and experience: (*check all that apply*)

My driver's license has:

- No points, no accidents
- Less** than 4 points within the last **24** months
- More** than 4 points within the last **24** months
- My points were assessed due to speeding
- My points were assessed due to other violations
- DUI or DWI Convictions
- I have had **1 chargeable** accident within the last **24** months
- I have had **more than 1 chargeable** accident within the last **36** months
- My driver's license was recently **reinstated**.

Please list dates and type of all accidents & traffic convictions in the last (5) years: _____

Any welding, fabricating or mechanical experience, if so please explain: _____

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Employment History (Please list 5 years minimum)

Employer: _____
Address: _____
Company phone: _____
Dates of Employment: _____ to _____
Position: _____
Supervisor's name: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Company phone: _____
Dates of Employment: _____ to _____
Position: _____
Supervisor's name: _____
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Address: _____
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Dates of Employment: _____ to _____
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Employer: _____
Address: _____
Company phone: _____
Dates of Employment: _____ to _____
Position: _____
Supervisor's name: _____
Reason for Leaving: _____

Intentional misrepresentation of information on this application may be grounds for rejection of application or dismissal from employment.

Signature

Date

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CRANE OPERATOR SUPPLEMENT

*Complete this portion **ONLY** if applying to work as a crane operator*

Name _____

Date _____

Provide more information on your driver's license: CDL CLASS ()

How many accidents in the past 3 years? _____ Describe circumstances _____

Have you had any moving violations or DUI's during the past 3 years? _____

If so, explain _____

CRANE EXPERIENCE: *Complete all that are applicable*

Are you NCCCO certified? _____ Type cranes _____

SIZE	TYPE CRANE		CRANE MANUFACTURER	YEARS OPERATING
Truck Crane	Crawler			
Boom Truck	()		_____	_____
25 – 35 Ton	()		_____	_____
40 Ton	()		_____	_____
50 – 60 Ton	()	()	_____	_____
70 – 80 Ton	()	()	_____	_____
90 – 125 Ton	()	()	_____	_____
140 Ton	()	()	_____	_____
165 Ton	()	()	_____	_____
175 – 225 Ton	()	()	_____	_____
240 Ton, 300 Ton	()	()	_____	_____
500 Ton +	()	()	_____	_____
Tower Crane(s)	_____		_____	_____
Other Equipment	_____		_____	_____

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CDL-A DRIVER SUPPLEMENT

Complete this portion ONLY if applying to drive tractor-trailers and/or mobile cranes

Name _____

Date _____

TYPE OF EQUIPMENT USED & HOW LONG

(Check all that apply and indicate number of years of experience)

- Tractor with flatbed _____yrs
- Tractor with lowboy _____yrs
- Lowboy experience with detachable "powered" goosenecks _____yrs
- Tractor with expandable trailer(s) _____yrs
- Oversized and overweight hauling of loads up to 12 wide x 15 high _____yrs
- Super oversized hauling*; loads in **excess** of 12 wide; 15 high; 85 long _____yrs
- Experienced with loading/unloading construction equipment; (backhoes, loaders, dozers, etc.) on and off lowboy equipment _____yrs
- Off road driving experience in and out of construction jobsites, sand, etc. _____yrs

REGULATIONS & MISC.

- Are you familiar with DOT oversize/overweight permits? Yes No Some what
- Are you familiar with DOT driver's logs, when to use? Yes No Some what
- Are you familiar with DOT medical requirements? Yes No Some what
- Are you familiar with DOT scale operations? Yes No Some what
- Are you familiar with rigging, jacks, skates, rollers, bars? Yes No Some what
- Are you capable of maintenance work on equipment? Yes No Some what

Do you have any medical conditions that would prevent you from chaining loads, driving maximum allowable DOT on-duty hours, climbing, rigging work, lifting in excess of 25 pounds? _____

Name _____ Cell# _____

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As part of the hiring process you are required to complete the following statement as to your previous hours of service/employment with your previous employer. Complete the section below where applicable... Title 49 CFR; Parts 391, 392

In the last seven (7) days I have worked or not as the case may be, subject to the following:

- I have not worked at all, and have been considered off duty for the last seven days.
- I worked totally within 150 miles of my shop and was paid by time card, having ____ hours for the week.
- I did work over 150 miles and had to complete drivers logs and my hours were as follows:
- I was considered as an intrastate driver/operator
- I was considered as an interstate driver/operator

DATE	_____	_____	_____	_____	_____	_____	_____	
DRIVING HOURS	_____	_____	_____	_____	_____	_____	_____	= _____
ON DUTY	+	_____	_____	_____	_____	_____	_____	= _____
TOTAL(s)	=	_____	_____	_____	_____	_____	_____	

I certify that this information is true and accurate to the best of my knowledge.

Signed

Dated

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APPLICATION FOR EMPLOYMENT ACCEPTANCE AGREEMENT

- I certify that all the information provided by me in connection with my application, both written and verbal, is true and complete. I further understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that this organization is a drug free workplace and that drug testing shall occur at times on jobsites, randomly, through suspicion of drug or alcohol use, and through the pre-employment hiring phase.
- I understand that the first **90** days of my employment shall be considered as probation and any and all benefits where applicable, will not apply on my behalf.
- I authorize any of the persons or organizations referenced in this application that may provide background information on my past employment or driving record, personal or otherwise, with regard to any of the subjects covered by this application; I release all such parties from any and all liability from any damages which may result from furnishing such information to you.

***THIS APPLICATION MUST BE SIGNED** **X**

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY

/ / Road test evaluation or equivalent / Foreman or supervisor report

/ / Drug testing review

/ / I-9 Employment Eligibility Verification Form

/ / Previous employer information checks

/ / MVR

/ / DOT medical card

/ / Certification of violations statement

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MVR RELEASE CONSENT FORM

In conjunction with my potential employment at Hunter Crane/Merchant Transport ("the company"), I _____ (applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act..

Signed (applicant) _____

Date: _____

Drivers' License Number: _____ State: _____

