

**JOB APPLICANT’S AGREEMENT AND CERTIFICATION (READ CAREFULLY)**

In the event of my employment, I agree to abide by all present and subsequently issued rules of the company. I agree at the time of my hire to complete form I-9 of the Immigration and Naturalization Services as to my identity and employment status.

I certify that the answers given by me to the foregoing questions and statements on this application and of the said Form I-9 are true and correct. I understand that any misleading or incorrect statements may be cause for denial or termination of my employment for cause and that the company shall not be liable in any respect if my employment is so denied or terminated because of false, misleading, or incorrect statements, answers, or omissions made by me. I understand and agree that my employment is at-will, for no definite period, and may be terminated at any time, for any reason, by either me or the company. I understand that the company has the right to modify, amend or terminate policies, practices, benefit plans and other programs within the limits and requirements imposed by law.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability of damages for having furnished such information.

If an offer of employment is made, I agree to submit to a medical examination, including a drug test, and a criminal background check, and I understand that my subsequent employment will be contingent on the results of the medical examination, drug test, and criminal background check. I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers compensation claim history, and that all such information will be retained by the examining physician in his/her confidential medical files, to be released only in accordance with federal and state law. I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

I understand that this application is for the specific job applied for and I would have to reapply for any future opportunities which become available.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT OF COMPANY WORK RULES**

1. NO DRINKING OF ALCOHOLIC DRINKS ON OR AROUND JOB SITE.
2. NO USING ILLEGAL DRUGS ON OR AROUND JOB SITE.
3. NO COMING TO JOB SITE UNDER THE INFLUENCE OF EITHER OF THE ABOVE.
4. NO HORSE-PLAY ON JOB SITE.
5. I AM RESPONSIBLE FOR MY OWN TRANSPORTATION TO AND FROM THE JOB SITE.
6. IF FOR ANY REASON I CANNOT GET TO WORK, IT IS A COMPANY RULE THAT I NOTIFY MY JOB SUPERINTENDENT, GENERAL SUPERINTENDENT OR THE OFFICE OF THE REASON. FAILURE ON MY PART TO DO SO MAY LEAD TO DISMISSAL.
7. THESE RULES WORK IN CONJUNCTION WITH THE COMPANY SAFETY RULES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

SET FORTH BELOW ARE SOME OF THE ESSENTIAL FUNCTIONS OF A CRANE OPERATOR POSITION.

OPERATORS MUST BE ABLE TO:

- CLIMB IN AND OUT OF CRANE MULTIPLE TIMES DAILY
- COORDINATE AND USE MULTIPLE LEVERS AT ONE TIME TO DO A LIFT SMOOTHLY
- WEAR HARD HAT WHEN REQUIRED
- PERFORM MAINTENANCE/SERVICE WORK ON CRANE
- WORK AT HEIGHTS
- WORK WEEKENDS, EARLY IN MORNING, LATE AT NIGHT (OVERTIME)
- HANDLE HIGH STRESS SITUATIONS
- HANDLE THE OUTRIGGERS PAD (PUT ON & OFF)
- INSTALL THE JIB BY YOURSELF IN A REASONABLE AREA AND IN A REASONABLE AMOUNT OF TIME.
- DRIVE CRANE IN A SAFE MANNER
- RECOGNIZE UNSAFE RIGGING AND PERFORM SAFE RIGGING
- ACT IN A RESPONSIBLE MANNER
- POSSESS A VALID C.D.L.
- SIT UP TO 12 TO 15 HOURS PER DAY
- READ AND UNDERSTAND LOAD CHARTS AND SPECIFICATIONS
- PERFORM HEAVY LIFTING AS NEEDED TO MANAGE A CRANE
- KNEEL, SQUAT AND BEND

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EMPLOYEE

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DATE

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SOCIAL SECURITY NUMBER

## ACKNOWLEDGMENT OF COMPANY SAFETY REGULATIONS

AS AN EMPLOYEE OF THIS COMPANY, I ACKNOWLEDGE THE FOLLOWING REQUIRED SAFETY RULES AND REGULATIONS AS A CONDITION OF MY EMPLOYMENT.

1. I AM REQUIRED TO WEAR AN APPROVED HARD HAT AT ALL TIMES.
2. I AM REQUIRED TO WEAR A SAFETY HARNESS ATTACHED IN THE PROPER MANNER WHEN WORKING AT HEIGHTS OR AT OTHER LOCATIONS WHERE HANDRAILS OR OTHER PROTECTIVE DEVICES FOR FALL PROTECTION ARE NOT USED.
3. I AM REQUIRED TO WEAR APPROVED LEATHER STEEL TOE SAFETY SHOES.
4. I SHALL WEAR ALL PROTECTIVE CLOTHING AND EQUIPMENT WHEN PERFORMING MY WORK. THIS SHALL INCLUDE PROTECTIVE GOGGLES, GLOVES, PROPER FOOTWEAR, HARD HAT, SAFETY HARNESS AND OTHER ITEMS THAT MAY BE REQUIRED TO PERFORM MY WORK IN A SAFE MANNER.
5. I SHALL NOT WORK NEAR OR AROUND UNSAFE OPENINGS UNLESS HANDRAILS OR BARRICADES ARE IN PLACE TO PREVENT FALLS. IF NECESSARY TO PERFORM WORK IN THESE AREAS, I SHALL PERSONALLY TAKE STEPS TO WEAR A SAFETY BELT WITH LANYARD ATTACHED TO A STURDY STRUCTURE. THIS SHALL APPLY TO ROOF AREAS, BUILDING PERIMETERS, ELEVATOR SHAFTS, SKYLIGHTS, STAIRWELLS, ETC.
6. IF A SAFETY ISSUE OCCURRENCE ARISES I WILL CONTACT MY SUPERVISOR IMMEDIATELY.
7. BASS CRANE SERVICE HOLDS MONTHLY SAFETY MEETINGS ON THE FIRST TUESDAY OF EVERY MONTH AT 7:00 AM. THE PURPOSE OF THIS MEETING IS TO REVIEW NEW ISSUES IN THE INDUSTRY. ALSO, TO DISCUSS ANY CRANE RELATED PROBLEMS FROM THE PREVIOUS MONTH AND TO HAVE THESE RESOLVED.
8. IN THE EVENT OF AN EMERGENCY OR NEED OF FIRST AID, I WILL SEEK TO FIND THE JOB SUPERVISOR AND/OR PERSON ABLE TO ADMINISTER FIRST AID. ALL BASS CRANE VEHICLES CARRY A FIRST AID KIT.
9. IN THE EVENT OF AN ACCIDENT OF ANY SIZE, I WILL CONTACT MY SUPERVISOR FOR FURTHER INSTRUCTION.

COMPANY SAFETY REGULATIONS  
BASS CRANE SERVICE  
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10. I WILL USE THE IN CAB/VEHICLE FIRE EXTINGUISHER ONLY IF I FEEL CONFIDENT THE FIRE CAN BE CONTAINED WITH MINIMAL EFFORT. IF NOT I WILL NOTIFY THE LOCAL FIRE DEPARTMENT, THE PHONE NUMBER IS LOCATED IN THE ONSITE JOB TRAILER/OFFICE.
11. I HAVE BEEN INSTRUCTED OF THE COMPANY SAFETY RULES AND SHALL WORK IN ACCORDANCE WITH THESE RULES AND REGULATIONS AS WELL AS THE VIRGINIA OSHA STANDARDS FOR THE CONSTRUCTION INDUSTRY GUIDELINES.
12. ANY ROADSIDE STOP WHILE DRIVING A CRANE TO AND FROM A JOB SHOULD ONLY BE A NECESSARY STOP.
13. PERSONAL CONVENIENCE STOPS ARE NOT PERMITTED.
14. PERSONAL CELLULAR PHONE USE WHILE DRIVING COMPANY VEHICLES IS NOT PERMITTED.
15. RADIO EAR PHONES AND HEAD SETS OF ANY KIND ARE NOT PERMITTED.

I AGREE TO ABIDE BY THE ABOVE MENTIONED RULES AND REGULATIONS. FAILURE TO DO SO ON MY PART SHALL CONSTITUTE EMPLOYEE MISCONDUCT. IN THE EVENT OF MY NEGLIGENCE OF THESE RULES, I UNDERSTAND MY EMPLOYER MAY DISMISS ME OR TAKE OTHER ACTIONS AS MY BE APPROPRIATE.

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SIGNATURE

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DATE

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SOCIAL SECURITY NUMBER

# DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

NAME OF CARRIER \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

## PERSONAL DESCRIPTION

FULL NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. (\_\_\_\_) \_\_\_\_\_ IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ AT (\_\_\_\_) \_\_\_\_\_  
AREA AREA

ADDRESS STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
LAST THREE STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
YEARS STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS

THIS INFORMATION WILL BE VERIFIED.

VALID DRIVER'S LICENSE NUMBER \_\_\_\_\_ FROM THE STATE OF \_\_\_\_\_ EXPIRES ON \_\_\_/\_\_\_/\_\_\_

LICENSE TYPE (I.E. CDL CLASS A, CLASS 1, ETC.) \_\_\_\_\_ LIST CDL ENDORSEMENTS \_\_\_\_\_

I CERTIFY I DO NOT HAVE MORE THAN 1 DRIVER'S LICENSE \_\_\_\_\_

Applicant's Signature

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A COMMERCIAL MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?  
NO \_\_\_\_ YES \_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

## DRIVING EXPERIENCE

POWER EQUIPMENT	TYPE OF EQUIPMENT		NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
STRAIGHT TRUCK				
TRACTOR TRAILER	POWER UNIT:	TRAILER:		
BUS	SCHOOL:	COACH:		
OTHER (SPECIFY)				

## ACCIDENT RECORD LAST THREE YEARS

THIS INFORMATION WILL BE VERIFIED.

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

## TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS (OTHER THAN PARKING)

THIS INFORMATION WILL BE VERIFIED.

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

## EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? \_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_\_\_ WHEN WILL YOU BE AVAILABLE? \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? CIRCLE ONE YES NO

(CONTINUED ON NEXT PAGE)

**EMPLOYMENT HISTORY**

Non-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years employment history. This information may be used, and your prior employers may be contacted, for the purpose of investigating your background as required by 49 CFR § 391.23

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ FROM TO

POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

LAST EMPLOYER: NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ AREA

ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP

FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

DID YOU OPERATE A CDL VEHICLE? YES \_\_\_ NO \_\_\_

REASON FOR LEAVING \_\_\_\_\_

2ND LAST EMPLOYER: NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ AREA

ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP

FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

DID YOU OPERATE A CDL VEHICLE? YES \_\_\_ NO \_\_\_

REASON FOR LEAVING \_\_\_\_\_

3RD LAST EMPLOYER: NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ AREA

ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP

FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

DID YOU OPERATE A CDL VEHICLE? YES \_\_\_ NO \_\_\_

REASON FOR LEAVING \_\_\_\_\_

4TH LAST EMPLOYER: NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ AREA

ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP

FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

DID YOU OPERATE A CDL VEHICLE? YES \_\_\_ NO \_\_\_

REASON FOR LEAVING \_\_\_\_\_

Attach additional sheet if necessary

**NOTICE TO APPLICANT**

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? \_\_\_\_\_

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS \_\_\_\_\_

**MUST BE READ AND SIGNED BY APPLICANT**

I agree and understand that any misrepresentations of information given on this form shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate any and all information given on this form to determine its validity.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**OFFICE USE ONLY TO BE USED IN CONJUNCTION WITH INVESTIGATION INTO PREVIOUS EMPLOYMENT**

1ST EMPLOYER CONTACTED	DATE	NAME OF PERSON CONTACTED	RESULTS
2ND EMPLOYER CONTACTED	DATE	NAME OF PERSON CONTACTED	RESULTS
3RD EMPLOYER CONTACTED	DATE	NAME OF PERSON CONTACTED	RESULTS
4TH EMPLOYER CONTACTED	DATE	NAME OF PERSON CONTACTED	RESULTS