

# Taylor Crane & Rigging



**COFFEYVILLE**  
 1211 W. 12<sup>th</sup> St.  
 Coffeyville, KS 67337  
 Telephone: 620-251-1530  
 Fax: 620-251-0700  
 (Application Only)

**TULSA**  
 Taylor Garnett Property, LLC  
 11710 E Tecumseh St.  
 Tulsa, OK 74116  
 Telephone: 918-439-4000  
 (Branch Office)

## Employment Application

### APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. If more space is needed to complete any question, use the comments section at the bottom of this page.
3. Incomplete or illegible applications will not be processed. Print clearly.
4. If a questionnaire regarding AFFIRMATIVE ACTION is included, the information is being gathered pursuant to Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
5. DO NOT FILL OUT ANY ATTACHED FORMS OR PAGES UNTIL INSTRUCTED TO DO SO.

### NOTE TO APPLICANTS

**POSITION APPLIED FOR :** Laborer Welder Crane Operator  
 Rigger Mechanic  
 (please circle)  
 Millwright  
 Clerical Painter Truck Driver  
 Other \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
LAST FIRST ML

### SOCIAL SECURITY

**NUMBER:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

### CURRENT

**ADDRESS:** \_\_\_\_\_  
STREET

CITY STATE ZIP

### PRIOR

**ADDRESS:** \_\_\_\_\_  
STREET

CITY STATE ZIP

This application form is intended for use in evaluating your qualifications for employment. This is **not** an employment contract. Please answer all appropriate questions completely and accurately. **False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.** All qualified applicants will receive consideration without regard to gender, marital status, race, age, creed, national origin, religion, disabilities or veteran status. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. Testing for the presence of drugs in your body will be required prior to employment. After an offer of employment, you may be required to submit to a medical evaluation including complete medical history and examination by a medical professional designated by the company. All offers of employment are subject to the applicant meeting the company's physical standards for the position. Some positions require employees to be able to lift up to 100 pounds and/or work at heights. \_\_\_\_\_ (please initial after reading)

If there are any reasons you can not perform the essential functions of the position for which you are applying, please explain \_\_\_\_\_

What date can you start? \_\_\_\_\_

Are there any times during which you can not be available to work? Weekdays Weekends Evenings Nights Overtime

Please explain if you can not be available at all times \_\_\_\_\_

Can you travel if a job requires it?  Yes  No

**PLEASE NOTE. Your application will not be considered unless every question in this section is answered.**

<b>MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?	PHONE
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?	FAX

COMPANY NAME	CITY	STATE
FROM TO		
DATE EMPLOYED	JOB TITLE	SUPERVISOR NAME
DUTIES		
SALARY PER (HOUR, WEEK, MONTH)	REASONS FOR LEAVING	

<b>SECOND MOST RECENT EMPLOYER</b>	PHONE	FAX
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COMPANY NAME	CITY	STATE
FROM TO		
DATE EMPLOYED	JOB TITLE	SUPERVISOR NAME
DUTIES		
SALARY PER (HOUR, WEEK, MONTH)	REASONS FOR LEAVING	

<b>THIRD MOST RECENT EMPLOYER</b>	PHONE	FAX
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COMPANY NAME	CITY	STATE
FROM TO		
DATE EMPLOYED	JOB TITLE	SUPERVISOR NAME
DUTIES		
SALARY PER (HOUR, WEEK, MONTH)	REASONS FOR LEAVING	

<b>FOURTH MOST RECENT EMPLOYER</b>	PHONE	FAX
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COMPANY NAME	CITY	STATE
FROM TO		
DATE EMPLOYED	JOB TITLE	SUPERVISOR NAME
DUTIES		
SALARY PER (HOUR, WEEK, MONTH)	REASONS FOR LEAVING	

Since we will make every effort to contact previous employers, the ***correct telephone numbers and names of contacts for past employers are critical***. If you do not have correct phone numbers and names with you, you should take this application with you and return it with completed information. **FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.**

**JOB-RELATED SKILLS**

NOTE: Do not fill out any part of this section you believe to be non-job related.

Do you have a valid driver's license?  Yes  No Do you have a valid CDL?  Yes  No

Name on license \_\_\_\_\_ DL# \_\_\_\_\_ State of issue \_\_\_\_\_

Have you had any moving violations? Please describe.  Yes  No**Describe any specialized skills or abilities****Years of experience** Personal Computer Forklift Operation \_\_\_\_\_ Word processing Welding \_\_\_\_\_ Spreadsheets Crane Operation \_\_\_\_\_ Able to drive a stick shift Heavy Equip. Operation \_\_\_\_\_ Other \_\_\_\_\_ Mechanic Skills \_\_\_\_\_ Type of engine \_\_\_\_\_ Auto Body Painting \_\_\_\_\_**EDUCATION**

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

NAME	CITY/STATE	GRADUATE?	DEGREE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SPECIALIZED TRAINING**

Please describe any specialized training, military training, apprenticeships, certifications, licenses, and professional trade, business or civic organization memberships and offices held.

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**SECURITY**

List states and counties of residence for the past seven years. \_\_\_\_\_

 Yes  No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below. Yes  No Have you been convicted of, or served time for a felony in the past seven years? If so, please describe below.  
(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

**COMMENTS**


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**CERTIFICATION AND RELEASE**

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE NOTE TO APPLICANTS ON PAGE ONE OF THIS FORM AND THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT.

\_\_\_\_\_ (**applicant must initial**)

I AUTHORIZE THE COMPANY AND/OR ITS AGENTS, INCLUDING CONSUMER REPORTING BUREAUS, TO VERIFY ANY OF THIS INFORMATION. I AUTHORIZE ALL FORMER EMPLOYERS, PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION. \_\_\_\_\_ (**applicant must initial**)

I UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING EMPLOYMENT. IF COMPANY POLICY REQUIRES, I AGREE TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT. \_\_\_\_\_ (**applicant must initial**)

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION. \_\_\_\_\_ (**applicant must initial**)

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**SIGNATURE OF APPLICANT**

**DATE**