



1910 S. 344<sup>th</sup> St.  
Federal Way, WA 98003  
(253)630-6244 / Fax (253)630-2646

Download this form and email to  
info@magnumcrane.net

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment	
City		State		ZIP	
Phone		E-mail Address			
Date Available				Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
EDUCATION/TRAINING					
Name			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Name			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
CERTIFICATIONS & LICENSES					
Union member YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES, what union?			
Crane operator certification YES <input type="checkbox"/> NO <input type="checkbox"/>		Is the agency accredited? YES <input type="checkbox"/> NO <input type="checkbox"/>		Agency name	
Rigger certification YES <input type="checkbox"/> NO <input type="checkbox"/>		Is the agency accredited? YES <input type="checkbox"/> NO <input type="checkbox"/>		Agency name	
Signalperson YES <input type="checkbox"/> NO <input type="checkbox"/>		Is the agency accredited? YES <input type="checkbox"/> NO <input type="checkbox"/>		Agency name	
Do you have a CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>		Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other <input type="checkbox"/>		First Aid/CPR YES <input type="checkbox"/> NO <input type="checkbox"/>	
List other certifications, if applicable					
PREVIOUS EMPLOYMENT					
Company			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company			Phone ( )		
Address			Supervisor		

Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone ( )	
Address			Supervisor	
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>MEDICAL INFORMATION</b>				
Any known allergies or medical conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>EMERGENCY CONTACT</b>				
Full Name		Full Name		
Phone		Phone		
Relationship		Relationship		
<b>REFERENCES</b>				
Full Name		Relationship		
Company		Phone		
Full Name		Relationship		
Company		Phone		
Full Name		Relationship		
Company		Phone		
<b>DISCLAIMER AND SIGNATURE</b>				
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.				
Signature			Date	