



HOOSIER CRANE SERVICE COMPANY

3500 Charlotte Ave. Elkhart, IN
24 HOUR EMERGENCY SERVICE

☎ 574-523-2945

☎ 800-509-6131

🌐 www.hoosiercrane.com

✉ sales@hoosiercrane.com

Application

Hoosier Crane Service Company is an EOE/AA Employer. Women, Veterans, and Individuals with Disabilities are encouraged to apply

Please Print

Position(s) applied for: _____ Date of Application: _____

Referral Source ☐ Advertisement ☐ Walk-In ☐ Government ☐ Employment Agency

☐ Employee: _____ ☐ Customer: _____ ☐ Other: _____

Name

Last First Middle Initial

Address:

Street City State Zip Code

Telephone Number (____) _____ Email: _____

Are you legally authorized to work in the United States of America..... ☐ Yes ☐ No

Do you have a valid driver's license..... ☐ Yes ☐ No

Are you at least 18 years of age..... ☐ Yes ☐ No

Have you every filled out an application here ☐ Yes ☐ No

If yes, when..... ____/____/____

Have you ever been fired or asked to resign from a job ☐ Yes ☐ No

If yes, please explain: _____

What salary do you expect to received if you are employed.....\$ ____ per ____

Date available to begin work..... ____/____/____

Type of employment desired..... ☐ Full Time ☐ Part

Time

Have you ever been arrested for or convicted of a crime, other than a minor traffic violation, that has not been expunged/sealed/restricted by a court..... ☐ Yes ☐ No

If yes, please explain _____

Availability: Please indicate the earliest and latest you are able to work: (some of our positions are on-call)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Earliest							
Latest							

Are you able to meet the attendance expectations of this position..... ☐ Yes ☐ No

Education

Level of education	Course of Study	City, State	Degree, Diploma	Name	Graduated or years Completed
High School					
Associate					
Undergraduate					
Graduate					
Other:					

List any experience, certification, special skills, or knowledge which you feel may be relevant to the job you are seeking:

List any computer software/equipment and other office equipment that you can use proficiently:

References: please list names and contact information of three business/work references who are not related to you, that do not work here, and are not previous supervisors. These can be from paid or volunteered positions. If not applicable, list three school references.

Name	Contact Information	Capacity and Years known

Employment History: List all employment (including self-employment, summer, part-time jobs) during the last ten (10) years prior to the date of this applications. If more space is needed, please attach additional sheets. Begin with the most current/recent employment.

Employer	Telephone Number	Dates Employed	
		From	To
Address		Summarize the nature of the work performed and job responsibilities	
Job Title			
Immediate Supervisor			
Reason for Leaving			
May we contact for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone Number	Dates Employed	
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Immediate Supervisor			
Reason for Leaving			
May we contact for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone Number	Dates Employed	
		From	To
Address		Summarize the nature of the work performed and job responsibilities	
Job Title			
Immediate Supervisor			
Reason for Leaving			
May we contact for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No			

It is the policy of Hoosier Crane Service Company (HCS) to maintain a safe, healthy and productive work environment for all of its employees/apprentices/interns. Because of this goal, HCS requires candidates for any level of employment to pass a drug/alcohol screening test covering illegal substances and legal substance subject to abuse. The process includes the candidate submitting a post offer blood/urine/hair specimen to the appropriate medical provider. Refusal will result in the disqualification for further employment consideration. I understand that if I am offered employment, I will be required to submit to this screening test.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from any and all liability the employer and its representatives for seeking such information.

The employer is an EOE/AA employer. Veterans, Women, and Individuals with Disabilities are encouraged to apply. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand that if employment is offered and accepted that I agree to adhere to the policies, procedures, rules, and regulations of the company and hereby acknowledge that these policies, procedures, rules, and regulations can and may be changed or modified by the company at any time without notice.

Signature of Applicant: _____ Date: _____

For office use only: Date application received: _____

Affirmative Action Voluntary Information

(Completion of the information below is voluntary. Refusal to provide the information will not result in any adverse actions/treatment.)

We consider all applicants for all positions without regard to race, color, religion, sexual orientation, sexual identity, gender, gender identity, national origin, creed, age, disability, veteran status, or other legally protected status. As an Equal Employment Opportunity (EEO) and Affirmative Action Employer (AA), Hoosier Crane Service Company (HCS) complies with government regulations and Affirmative Action obligations where they apply. Please be advised that this survey is not part of your official application for employment. The information is confidential and will only be used in accordance with government recordkeeping, reporting, and other legal obligations. When the data is reported it will not identify any specific individual. Your cooperation is appreciated.

Position Applied for: _____ Date: _____

Name: _____
Last First Middle Initial

Gender: ☐ Male ☐ Female ☐ Other: _____ ☐ I prefer not to answer

Are you Hispanic or Latino: ☐ Yes ☐ No ☐ I prefer not to answer
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or Origin regardless of age

Race/Ethnic Identification (please check one of the following EEO Groups):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment |
| <input type="checkbox"/> Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam |
| <input type="checkbox"/> Black/African American | A person having origins in any of the black racial groups of Africa |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| <input type="checkbox"/> White/Caucasian | A person having origins in any of the original peoples of Europe, the Middle East or North Africa |
| <input type="checkbox"/> Two or More Races/Ethnicities | A person who identifies with more than one of the above races |
| <input type="checkbox"/> I prefer not to answer | A person who wishes to not identify any race/ethnic categories |

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974, amended in 2002, and the Rehabilitation Act of 1973 are required to take Affirmative Action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified individuals with disabilities.

You are invited to volunteer this information. Refusal to provide this information will not result in any adverse actions/treatment. Please check all that apply.

<input type="checkbox"/> Vietnam Veteran (served 1964-1975)	<input type="checkbox"/> Veteran <input type="checkbox"/> Discharged from active duty within the last 3 years
<input type="checkbox"/> Disable Veteran	<input type="checkbox"/> Active duty of campaign badge veteran
<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> I prefer not to answer

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781
dhs.gov/e-verify



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English / Spanish Poster