



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	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"/>
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	

TRAINING – CHEVRON ORIENTATION, PASSPORT, CPR, FORKLIFT, OPL, CCO, LARSO, ETC...		
NAME AND LOCATION OF TRAINING	DATE ATTENDED	DATE COMPLETED

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
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

SOS CRANE & TRUCKING
Letter Authorizing Consumer Reports and/or Driving Records to be Obtained.

Name: _____

Date: _____

Address: _____

SOS Crane & Trucking
PO Box 11690
Bakersfield, Ca 93389-1690

Dear SOS Crane & Trucking:

Consumer reports may be obtained as part of SOS Crane & Trucking's evaluation of my job application/employment. The reports may be procured by Alliant Insurance Services Inc., and may include my driving record, an assessment of my insurability under the Company's insurance coverage's or other reports. By signing this disclosure I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Sign: _____

Print: _____

SOS Crane and Trucking
INFORMED CONSENT STATEMENT ON DRUG TESTING

I understand that as part of the pre-employment evaluation process and the update/periodic medical surveillance program with SOS Crane & Trucking, Inc. ("the Company"), I will be required to provide a body fluid specimen to be analyzed for the presence of: marijuana, cocaine, opiates, amphetamines, phencyclidine (PCP), alcohol, and other substances as deemed necessary by the Company. I understand that not satisfactorily passing a drug test could be cause of rejection of my employment application or termination of my employment.

I understand that these tests are necessary due to the sensitive nature of the work I will be doing, and/or the increasing prevalence of substance abuse in our population, and the need to maintain a high level of health and safety. Therefore, for the purpose of pre-employment evaluation and during my employment with the Company, I agree to submit to a urine screening test for psychoactive chemical agents including marijuana, cocaine, opiates, amphetamines, phencyclidine (PCP), alcohol, and other substances as deemed necessary by the Company.

I understand that the Company's business reasons for requesting me to submit to testing are not based upon considerations of race, color, sex, national origin, religion, age, marital status, ancestry, disability, or any other protected basis, in whole or in part.

I have read the above and certify that I understand the content of this document. I further understand that this authorization will remain in effect until my employment is terminated.

Employee Signature/Date

Witness Signature/Date

SOS Crane and Trucking
APPLICANT NOTIFICATION

SOS Crane & Trucking, Inc. ("the Company") requires that you have a pre-employment drug test and/or update/periodic drug test. This is a screening test to determine your physical fitness to perform job assignments without undue hazard to yourself or fellow employees. The health care personnel who perform these tests are acting for this purpose only. Therefore, these tests should not be interpreted as either a complete physical examination or used as a substitute for such examinations. You should still have regular physical examinations by your own doctor. At your request, the Company will provide your doctor with information concerning the testing we have performed.

* * *

I have read the above notification and understand that the pre-employment and/or update/periodic tests required by the Company are for the purpose of determining my fitness to perform the job only, and are not substitutes for regular physical examinations with my own doctor.

Employee Signature/Date

Witness Signature/Date

Employee Questionnaire on Race and Ethnicity

SOS Crane & Trucking, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite all employees to voluntarily self-identify their race or ethnicity. *Submission of this information is voluntary and refusal to provide it will not subject an employee to any adverse treatment.* The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please note if you select more than one race, you will be reported in the "Two or More Races" category.

Question 1: *Ethnicity* - Are you Hispanic or Latino?

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Question 2: *Race* - What is your race? Select one or more of the following five race categories:

_____ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Black or African American – A person having origins in any of the Black racial groups of Africa.

_____ 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.

_____ Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.