



1014 Sherwood Road
Norfolk, NE 68701
(402) 371-2945

Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY POLICY - EBM Corporations (EBM Properties, EBM Construction, EBM Manufacturing, EBM Leasing and Pro Crane Services) shall recruit, hire, train and promote in all job titles without regard to race, color, creed, national origin, gender, sexual orientation, gender identity, pregnancy, marital status, sex, religion, age, military service, disability or handicap, or any other basis prohibited by federal, state or local law. All other personnel actions, such as compensation, benefits, Company sponsored training, transfer, demotion, termination, layoff and return from layoff, shall be administered without regard to race, color, creed, national origin, gender, pregnancy, marital status, sex, religion, age, military service, or disability or handicap, or any other basis prohibited by federal, state or local law.

GENERAL INFORMATION

First Name _____ MI _____ Last Name _____

Phone (home/cell) _____ Phone (work) _____

Street Address _____ City _____ State _____ Zip Code _____

**If you have lived in the above residence for less than three (3) years, please list below all residences lived in during this time. Attach a separate sheet if necessary.*

Street Address _____ City _____ State _____ Zip Code _____

Dates: From _____ to _____

Street Address _____ City _____ State _____ Zip Code _____

Dates: From _____ to _____

Position applying for _____ Temporary _____ Part time _____ Full time _____

Who referred you? _____ Rate of pay expected _____ Date you can start _____

Names of any relatives employed by this company _____

EDUCATION

Last school attended _____ Address _____

Highest grade completed in high school _____ Highest grade completed in college _____

BACKGROUND INFORMATION

Have you ever been convicted or pled guilty to a felony or other crime? _____

If yes, please explain fully down below, including conviction date, location and nature of offense. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered. _____

Have you ever worked for this company under another name? _____ If so, under what name? _____

Can you provide proof that you are authorized to work in the United States? Yes _____ No _____

Signature _____

Are you over 18 years of age? Yes _____ No _____

MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List course and training in maintenance work _____

EQUIPMENT TRAINING AND EXPERIENCE

Indicate training and experience in the following:

| Area | Formal Training (Check) | Years of Experience | Area | Formal Training (Check) | Years of Experience |
|---------------------------|-------------------------|---------------------|---------------------------|-------------------------|---------------------|
| Forklift | | | Winches | | |
| Aerial lift | | | Laser Cutter | | |
| Crane (If yes, give type) | | | Metal Shear | | |
| Backhoe | | | Metal Brake | | |
| Hydraulic Press | | | Vertical Bandsaw | | |
| Turning Lathe | | | Table Saw | | |
| Sawzall | | | Drill Press | | |
| Bandsaw | | | Rigging | | |
| Wirefeed Welder | | | Work at Heights | | |
| Electric Arc Welder | | | Able to Travel with Crew | | |
| Oxyacetylene Torch | | | Drive Manual Transmission | | |
| Paint Spray Gun | | | Hand Signals | | |

CLERICAL EXPERIENCE AND QUALIFICATIONS

Indicate training and experience in the following:

| Area | Formal Training (Check) | Years of Experience | Area | Formal Training (Check) | Years of Experience |
|-------------------------------------|-------------------------|---------------------|---|-------------------------|---------------------|
| Typing (WPM) _____ | | | Calculator | | |
| Billing | | | Adding Machine | | |
| Filing | | | Photocopier | | |
| Computers (indicate software) _____ | | | Accounting | | |
| Word Processing Equip. | | | Switchboard Equipment (indicate type) _____ | | |

EMPLOYMENT RECORD

Applicant gives permission for EBM Corporations to contact past employers: Yes _____ No _____

Signature: _____

Start with your last or current position, including military experience, and work back. List all additional past employers on a separate sheet, within the last 10 years. Explain any gaps in employment history.

Current Employer _____ Supervisor's Name _____

Address: _____ Phone: _____

Position Held: _____ From _____ to _____ Salary _____

Reason for leaving: _____

Past Employer _____ Supervisor's Name _____

Address: _____ Phone: _____

Position Held: _____ From _____ to _____ Salary _____

Reason for leaving: _____

DRIVER EXPERIENCE AND QUALIFICATIONS

ALL Driver's Licenses held in past three (3) years must be shown:

| License | State | License Number | Type | Expiration Date |
|---------|-------|----------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license, a permit, or the privilege to operate a motor vehicle? Yes ____ No ____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes ____ No ____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ____

D. Do you hold a current CDL license? Circle **A** or **B** Yes ____ No ____

If you answered "yes" to A, B, or C, please give details: _____

DRIVING EXPERIENCE

| Class of Equipment | Type of Equipment (Van, Tank, Flat, etc) | Dates | | Approximate Total Miles |
|------------------------|--|-------|----|-------------------------|
| | | From | To | |
| Straight Truck | | From | To | |
| Tractor & Semi-Trailer | | From | To | |
| Other | | From | To | |

List states operated in during the last five (5) years _____

List special courses or training that will help you as a driver _____

ACCIDENT REVIEW FOR PAST THREE (3) YEARS

| Dates | Nature of Accident (Head on, Rear end, Upset, etc.) | Fatalities | Injuries |
|---------------|--|------------|----------|
| Last Accident | | | |
| Previous | | | |
| Next Previous | | | |
| Next Previous | | | |

TRAFFIC CONVICTION AND FORFEITURES FOR THE PAST THREE (3) YEARS

Do not list parking violations.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

REFERENCES

Please list three professional references of persons not related to you that you have known at least one (1) year.

| Name: | Address: | Phone: | Relationship: | Years Acquainted: |
|-------|----------|--------|---------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

ACKNOWLEDGMENT AND AUTHORIZATION

Please read carefully and sign only if you understand and accept this information.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination, regardless of when or how discovered.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. I authorize EBM Corporations to investigate, at this time and any time during my employment all statements contained on this application.

I understand that, if the Company employs me, either the Company or I can terminate my employment with or without cause, with or without notice at any time and for any or no reason. I also understand that no official of the Company other than the Chief Executive Officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to EBM Corporations.

Signature of Applicant: _____ Date: _____

..... For office use only - do not write in this space

PROCESS RECORD

Applicant hired? Yes _____ No _____ Rate of Pay _____
Date of Employed _____ Position _____
Department _____ Classification _____
(if not hired, summary report of reason should be placed in file)

This section to be filled in by responsible officer or company representative.

| | Superior | Good | Fair | Below Average | Poor | Written Record on File |
|-------------------------|----------|------|------|---------------|------|------------------------|
| Application | | | | | | |
| Interview | | | | | | |
| Physical Exam | | | | | | |
| Past Employment | | | | | | |
| Written Exam | | | | | | |
| Road Test | | | | | | |
| Policy & Traffic Record | | | | | | |

Signature of interviewing officer _____ Date _____

TRANSFERS

From _____ To _____ From _____ To _____
Date _____ Date _____
Reason for transfer _____ Reason for transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____
Dismissed _____ Voluntarily Quit _____ Other _____
Termination Report Placed in File _____ Supervisor _____