

## CRANE OPERATOR APPLICATION FORM

PLEASE COMPLETE THE FOLLOWING: (please print legibly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

1. How many years of verifiable experience do you have operating \_\_\_\_\_  
oiling (asst. to engineer) \_\_\_\_\_ service & maintenance \_\_\_\_\_ mobilization  
\_\_\_\_\_ inspection \_\_\_\_\_ assembly and disassembly of; hydro cranes \_\_\_\_\_  
of lattice cranes \_\_\_\_\_ friction/conventional crane experience \_\_\_\_\_  
luffer \_\_\_\_\_ pre-stress \_\_\_\_\_ tilt up \_\_\_\_\_

*Please note: It is understood that the Union has the right to ask that my skills be evaluated at the  
Journeyman/Apprentice training site.*

2. How many of those years are current in Colorado? \_\_\_\_\_  
Dates: from \_\_\_\_\_ to \_\_\_\_\_

3. Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you have a CDL? Yes \_\_\_\_\_ No \_\_\_\_\_ A, B or C \_\_\_\_\_  
Airbrake \_\_\_\_\_ Other endorsements? \_\_\_\_\_  
Issuing State \_\_\_\_\_

5. Which Crane endorsements do you have? (Yrs exp. on each) Sm.  
Hydro \_\_\_\_\_ Lg. Hydro \_\_\_\_\_ Lattice Boom Crawler \_\_\_\_\_ Lattice Boom  
Truck \_\_\_\_\_ Tower \_\_\_\_\_ Overhead \_\_\_\_\_ Riggers Cert. \_\_\_\_\_  
Signalman Cert. \_\_\_\_\_  
Crane License Certifying Agency? \_\_\_\_\_ Expiration? \_\_\_\_\_

6. Current CCO or DOT Physical? \_\_\_\_\_ Expiration? \_\_\_\_\_

7. Do you have any endorsements: OSHA 10 \_\_\_\_\_ OSHA 30 \_\_\_\_\_  
MSHA \_\_\_\_\_ FORKLIFT (OSHA) \_\_\_\_\_ OTHER \_\_\_\_\_

8. Briefly state the areas of your experience (examples: turnaround, wind farm, industrial, building, steel erection, pre-stress, oil field, crane rental, etc.).  
\_\_\_\_\_

9. Do you now, or have you ever belonged to an IUOE local? \_\_\_\_\_

10. Which local? \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_  
Registration Number? \_\_\_\_\_

11. How were you referred? \_\_\_\_\_

12. Please complete the following work history. **DO NOT SEND A RESUME!**

13. Starting with the most recent, please list the employers you have worked for in the previous 3 years. The contact person should be someone from the Human Resources Department or Management. If a disclosure statement is required to release the information, **it will be your responsibility to obtain one.**

From:	To:	Employer name and address	Contact person Phone number	Equipment operated	Type of work performed

*I attest that the information I have provided is true and correct to the best of my knowledge. I further understand that false statements will result in the rejection of my application. **UNSIGNED FORMS WILL BE REJECTED!!!***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_