

Winter's Rigging, Inc.

2110 Route 249 • P.O. Box 488 • North Collins, NY 14111 Phone (716)337-3930 • Fax (716)337-3898

EMPLOYMENT APPLICATION

	CELL:	DOI	3:		
OSITION APPLIED FO					
FULL TI		ВОТН			_
	YOUR EXPERTISE / TR				
	IOUR EAFERIISE / IR	ADE OF WORK	YES	NO	YEARS
STRAIGHT TRUCK			1125	110	I LAKS
FLAT-VAN TRAILERS					
LOWBOYS					
WHEEL LOADERS					
FORK LIFTS, EXTEND-A-	FORKS				
EXCAVATORS					
BULL DOZERS					
HYDRAULIC CRANES					
WELDERTORCH	FABRICATOR				
CARPENTER BUILDING	FRADES				
PAINTER					
SAND BLASTING					
MECHANIC					
ELECTRICIAN					
COOK					
RIGGINGJACKING-					
RIMS / TIRES					
SHOP / GROUNDS MAINT	TENANCE				
EMS					
TRAINING CERTIFICA	TES:				
MANLIFT					
CRANE					
OSHA					
CONFINED SPAC	E				
FORKLIFT					
LIST ANY OTHER TRAI COMPANY:	NING / EXPERIENCE YOU MIC	GHT HAVE THAT	WOULD	BENEF	IT THIS

DRIVERS LICENSE

STATE	LICENSE #	TYPE/CLASS	EXP DATE		

ACCIDENTS (PAST 3 YEARS)

DATE	NATURE OF ACCIDENT		INJURIES
•	routinely lift and move objects that are at least:		
10	lb25 lb50 lb80 lb		
Has you	r driver's license ever been suspended or revoked?		
	CANADA		
Are you	allowed entry into Canada?		
Do you	have the proper travel documentation	enhanced license	passport
to enter	Canada?		
	EMPLOYMENT RI	ECORD	
LAST E	EMPLOYER :		
	Held: From To		
Reason	for leaving:		
2^{ND} LAS	ST EMPLOYER:		
Position	ST EMPLOYER: Held: From	Salary	
Reason	for leaving:		
3 RD LAS	ST EMPLOYER:		
Position	n Held: From To	Salary	
Reason	for leaving:		
May W	e Contact Your Present Employer? Yes	_ No	
-	REFERENCE	'S	
1 Name:	Company:		
	Company		
2.Name:	Company:		
Phone:			
3 Name:	Company:		
	Company		
	EMERGENCY CONT	ACT	
Name:	Relationship		
	Phone #2		
	<u>APPLICANT'S SIGNA</u>	<u>fure</u>	

By signing this, it certifies that the information on this application pertains to me, was completed by me and that all the information listed is correct, true to the best of my knowledge.

Date	Signature
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