



3000 145th Street East, Rosemount, MN 55068

visit us at www.vicsco.com

Dispatch (651) 423-7400 Business Office (651) 423-2317 Fax (651) 423-7402

Thanks for your interest in joining our team.
Please review the material below.

Part I: Pre-Employment Application

1. Must be a member of IUOE Local 49 for operating engineer positions.
2. Complete ALL of the forms in this application.
 - a. Pre-Employment Packet
 - i. Employee Information
 - ii. Job Requirements
 - iii. Employment History / Experience
3. Submit your application via email: myapplication@vicsco.com

Part II: Employment Application

1. Only complete and submit this portion of the application if a position for employment has been offered to you or if you were directly instructed to do so by management personnel.
2. Complete ALL of the forms in this application.
 - a. Employment Packet
 - i. Direct Deposit Enrollment (Include Voided Check)
 - ii. Drug & Alcohol Consent Form
 - iii. Form I-9
 - iv. Form W-4
 - v. Invitation to Self-Identify (Equal Employment)
 - vi. MVR Consent Form
3. Submit your application via email: myapplication@vicsco.com

Applications will NOT be processed/considered until all of the forms listed above are fully completed and submitted to Vic's Crane & Heavy Haul, Inc.



PART I: PRE-EMPLOYMENT APPLICATION

EMPLOYEE INFORMATION

First Name: _____ MI: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Alternative Phone: _____
Email Address: _____

POSITION

Position you are applying for: _____
Available Start Date: _____

Vic's Crane & Heavy Haul, Inc. is an Equal Opportunity Employer and committed to excellence through diversity.



JOB REQUIREMENTS

The following statements represent the job requirements and duties for operating engineer positions. Please indicate your ability to perform the listed duties and/or your work experience(s).

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
I can safely climb in & out of crane and/or other equipment cabs?		
I am familiar with and have knowledge of heavy equipment safety?		
I am able to assist in the assembly of lattice booms?		
I can read, understand, and implement load charts?		
I can read, understand, and implement manufacturer's precautions, warnings, and maintenance requirements?		
I can adapt to weather conditions, work outside year-round, and dress accordingly?		
I can give and receive standard crane signals?		
I can sit and stand for extended periods of time (4-6 hours)?		
I am capable of pulling cables?		
I can lift up to 50 pounds (dunnage, outrigger pads, elevator doors, etc.)?		
I can safely climb (on top of cranes or loads, etc.) without restrictions?		
I have knowledge of rigging procedures?		
I can read, understand, and implement rated capacity charts for rigging components?		
I have experience assisting in the assembly and/or disassembly of cranes?		
I am willing and able to accept responsibility for the safety of others?		
I am willing and able to adhere to all safety policies set forth by Vic's Crane & Heavy Haul, Inc.?		

INJURY REPORTING

If you are injured on the job while employed by Vic's Crane & Heavy Haul, Inc. you are required to notify your supervisor or safety representative immediately. Failure to report injuries and complete required forms within 2 hours of the injury occurrence may result in denial or delay of a claim, the inability to collect benefits, and/or termination of your employment.

I have read and understand the policy and requirements for reporting injuries and the consequences for failing to follow proper procedure.

INITIALS

I have answered all of the above questions to the best of my knowledge and understand the job requirements as set forth in the job description.

INITIALS

EMPLOYEE SIGNATURE: _____



EMPLOYMENT HISTORY

CRANE OPERATION EXPERIENCE

Employer	Dates of Employment	Equipment Operated	Time on Equipment
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:

COMMERCIAL DRIVING EXPERIENCE

DL's Number: _____
 DL's Expiration: _____

DL's State: _____
 Class: _____

Employer	Dates of Employment	Equipment Operated	Time on Equipment
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:

FORKLIFT OPERATION EXPERIENCE

Construction Forklift Operation Accreditation: _____
 Accreditation Expiration Date: _____

Employer	Dates of Employment	Equipment Operated	Time on Equipment
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:
	Begin:		Months:
	End:		Hours:



EMPLOYMENT HISTORY

ADDITIONAL EXPERIENCE

NCCO CERTIFICATION

NCCO Certified: Yes or No Expiration Date: _____

NCCO Certified Categories:

- LBT
- LBC
- TSS
- TLL
- SGP
- RIG
- Lift Director

OSHA

OSHA 10: Yes or No Completion Date: _____

OSHA 30: Yes or No Completion Date: _____

PRO 10 Certified: Yes or No Completion Date: _____

OTHER

Qualified Rig/Sig Person Yes or No

Current Health Card Yes or No Expiration Date: _____

I have worked in a refinery? Yes or No
If yes, when and where? _____

Have you ever worked for Vic's Crane & Heavy Haul, Inc.? Yes or No
If yes, when and where? _____

Any additional information, qualifications, etc.?

I acknowledge the information that I supplied is true and accurate to the best of my ability and account.

INITIALS