



CWS RIGGING LLC
YOUR RIGGING & STORAGE PARTNER

CWS Rigging LLC
8221 E 96th Ave, Unit A
Henderson, CO 80640
(P) 720-527-9113

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age marital status, or non-job related disability. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date of Application (MM/DD/YY): _____

Full Name: _____

Address: _____

City, State, ZIP: _____

Phone #: _____ Email Address: _____

DOB: _____ SSN: _____

Emergency Contact Name: _____

Relation: _____ Emergency Contact Phone #: _____

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

License Number: _____ State Issued: _____

Do you have a CDL? ☐ Yes ☐ No — If Yes: ☐ Class A ☐ Class B

Endorsements (if any): _____

Are you willing to travel? ☐ Yes ☐ No

Are you willing to work overtime? ☐ Yes ☐ No

Are you able to perform physically demanding labor? ☐ Yes ☐ No

Licenses & Certifications (Check all that apply):

☐ CDL – Class A ☐ CDL – Class B ☐ TWIC Card ☐ NCCCO Crane Operator

☐ Forklift Certification ☐ Rigger/Signalperson Certification ☐ OSHA 10 ☐ OSHA 30

☐ MSHA Certification ☐ First Aid / CPR ☐ Aerial Lift / Man Lift / Boom Lift

☐ Other: _____



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Driver/Equipment Experience:

Type of Equipment From (Date) To (Date) Approx. # of Miles

Accident Record for the last 3 Years (This information will be verified)

Date Nature of Accident Number of Fatalities Number of Injures

Has your CDL every been revoked or suspended in the last 3 years? ☐ Yes ☐ No

Have you ever been convicted of/or have a pending DWI/DUI? ☐ Yes ☐ No

If Yes, please explain: _____

References (List two professional references – no relatives)

Name: _____ Title/Relationship: _____

Phone/Email: _____

Name: _____ Title/Relationship: _____

Phone/Email: _____

Applicant Certification

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that any false or misleading information may disqualify me from employment or result in termination if hired.

Signature: _____

Date: _____