

## R.S. Audley, Inc.

1113 Route 3A- Bow, NH 03304 (603) 224-7724 fax (603) 224-8304

## **Application for Employment**

R.S. Audley Inc., is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, genetic information, national origin, sexual orientation, or any other non-merit factor is strictly prohibited.

|  |   |  | Date of  | of applica           | tion:                   |
|--|---|--|--|----------------------|-------------------------|
| Position(s   | ) Applied for                               |  | Phone(   | )                    |                         |
| Name:  |   |  |  | y No                 |                         |
|  | Last  | First  | Middle   |                      |                         |
| Current<br>Address   |   |  |  |                      |                         |
| If applying<br>Previous<br>Address'                            | Street<br>as a Driver, plea                 | se list your addresses of                                      | City  f residency for the past 3 year  | State<br><b>ars.</b> | Zip Code                |
| Addi 633   | Street                                      |  | City   | State                | Zip Code                |
|  | Street                                      |  | City   | State                | Zip Code                |
| Yes, if<br>Contact N<br>Start Dat<br><b>How did y</b><br>Radio | yes may we cont<br>lamee<br>eou hear of us? | act your present employe  _ Desired Salary Walk-inWebsitecify) | e you last worked<br>er?YesNo<br>Phone #<br>Valid Driver's License _<br>teNewspaper (specify)<br>Referral, by whom _ | Yes _                |                         |
| •  |   | n the United States?<br>No Yes                                 | NoYes (Proof of Citizenship or immig   | gration will be ı    | equired upon employment |
| Please ched  | ck <u>all</u> Equipment                     | Experience   |  |                      |                         |
| CDL-   | -A CDL-B _<br>raulic Bulld<br>ler, size     | Hazmat Tan<br>lozer, size                                      | ri-Axle Crane, Tons<br>k Track Boom<br>Gradall<br>Excavator, size  | Truck<br>_ Grader    | Roller                  |

## **EDUCATION**

| Circle Highest Grade Comple         | eted: 7 8 9 10 11 12  | <b>College:</b> 1 2 3 4  |
|-------------------------------------|---|--|
| Name                                | City/State  | Yr. Graduated Degree   |
| High School                         |   |  |
|                                     |   |  |
| Trade School                        |   |  |
| Other                               |   |  |
| preceding 3 years, list complete ma | uiling address, street number, city, state au<br>late or interstate commerce shall also pro | ing information on all employers during the nd zip code. <i>Applicants to drive a vide an additional 7 years' information on</i> |
| MOST RECENT E                       | MPLOYER   | DATE   |
| BUSINESS NAME                       |   | FROM: TO:  |
| ADDRESS                             |   | POSITION HELD  |
| CITY                                | STATE ZIP   | SALARY/WAGE  |
| SUPERVISOR NAME/TITLE               | PHONE NUMBER  | REASON FOR LEAVING   |
|                                     |   |  |
| EMDLOVED                            |   | DATE   |
| EMPLOYER                            |   |  |
| BUSINESS NAME                       |   | FROM: TO:  |
| ADDRESS                             |   | POSITION HELD  |
| CITY                                | STATE ZIP   | SALARY/WAGE  |
| SUPERVISOR NAME/TITLE               | PHONE NUMBER  | REASON FOR LEAVING   |
|                                     |   |  |
| EMPLOYER                            |   | DATE   |
| BUSINESS NAME                       |   | FROM: TO:  |
| ADDRESS                             |   | POSITION HELD  |
| CITY                                | STATE ZIP   | SALARY/WAGE  |
| SUPERVISOR NAME/TITLE               | PHONE NUMBER  | REASON FOR LEAVING   |
|                                     |   |  |
| EMPLOYER                            |   | DATE   |
| BUSINESS NAME                       |   | FROM: TO:  |
| ADDRESS                             |   | POSITION HELD  |
| CITY                                | STATE ZIP   | SALARY/WAGE  |
| SUPERVISOR NAME/TITLE               | PHONE NUMBER  | REASON FOR LEAVING   |
|                                     |   |  |
| EMPLOYER                            |   | DATE   |
|                                     |   | l== 0.1  |
| BUSINESS NAME                       |   | FROM: TO:  |
| BUSINESS NAME<br>ADDRESS            |   | POSITION HELD  |
|                                     | STATE ZIP   |  |

| EMPLOYER   |  |   | DATE   |
|--|--|---|--|
| BUSINESS NAME  |  |   | FROM: TO:  |
| ADDRESS  |  |   | POSITION HELD  |
| CITY   | STATE  | ZIP   | SALARY/WAGE  |
| SUPERVISOR NAME/TITLE  |  | PHONE NUMBER  | REASON FOR LEAVING   |
|  |  |   |  |
| EMPLOYER   |  |   | DATE   |
| BUSINESS NAME  |  |   | FROM: TO:  |
| ADDRESS  |  |   | POSITION HELD  |
| CITY   | STATE  | ZIP   | SALARY/WAGE  |
| SUPERVISOR NAME/TITLE  |  | PHONE NUMBER  | REASON FOR LEAVING   |
| EMPLOYED   |  |   | DATE   |
| EMPLOYER   |  |   | DATE   |
| BUSINESS NAME  |  |   | FROM: TO:  |
| ADDRESS  |  |   | POSITION HELD  |
| CITY SUPERVISOR NAME/TITLE   | STATE  | ZIP<br>PHONE NUMBER   | SALARY/WAGE REASON FOR LEAVING   |
| EMPLOYER   |  |   | DATE   |
|  |  |   |  |
| BUSINESS NAME<br>ADDRESS   |  |   | FROM: TO: POSITION HELD  |
| CITY   | CTATE  | ZID   |  |
| SUPERVISOR NAME/TITLE  | STATE  | ZIP<br>PHONE NUMBER   | SALARY/WAGE<br>REASON FOR LEAVING  |
| Person to Notify in case of e  | mergency   |   | Please include daytime phone number  |
| may be used and that my prior employed agree that if hired my employment is "a be terminated at any time without any employment. | application are true application shall be gers may be contacte at will" for no definit prior notice, for any | grounds for dismissal. I unde<br>d for the purpose of investiga<br>e period, and may regardless | my knowledge and understand that, if rstand that the information provided herein ating my background. I further understand and of the date of payment of my wages or salary, is to be construed as a contract of |
| Signature:   |  |   | Date:  |

# **Driver Applicant Only**DOT Supplemental Information

|  | DOT Suppleit   | lental miormation  |   |   |
|--|--|--|---|---|
| DATES  | TYPE OF ACCIDENT   |  | FATALITIES  | INJURIES  |
| Last Accident  |  |  |   |   |
| Next Previous  |  |  |   |   |
| Next Previous  |  |  |   |   |
| Accident re  | ecord for past 3 years or more   | (attach sheet if more space is need  | ded) if none, wr  | rite none   |
| Traffic convict  | ions and forfeitures for the pas   | st 3 years (other than parking   | g tickets) if none  | , write none  |
| LOCATIONS  | DATE   | CHARGE   | PENALTY   |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  | Experience and a   | ualifications - Driver   |   |   |
|  | DRIVER LICENSES INFORMATION  |  |   |   |
| STATE  | LICENSE NO.  | TYPE   | EXPIRATION  | ON DATE   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
| Date of Birth  |  | Can you provide  | e proof of age?   | Yes No  |
| (Requi   | ired for Commercial Drivers)   |  |   |   |
| Have you eve   | r been denied a license, permit or   | privilege to operate a mo  | tor vehicle?  | YesNo   |
| Has ar   | ny license, permit or privilege ever   | been suspended or revok  | ed? Yes   | No  |
|  |  | ·  |   |   |
| *11  | the answer to either above question  | ons is YES, <u>attach stateme</u>  | ent-giving details  | <u>S</u> .  |
|  | Driving Experience   | e: If none, write none   | ·   |   |
| CLASS OF EQUIPMENT   | TYPE OF EQUIPMENT  | APPROX. # OF MILES   |   | DATE<br>TO  |
| STRAIGHT TRUCK   |  |  |   |   |
| TRACTOR TRAILER  |  |  |   |   |
| 10 WHEELER   |  |  |   |   |
| OTHERS   |  |  |   |   |
| List states operated   | d in for the last five years   |  |   |   |
| ,  | <b>3</b>   |  |   | _   |
| List other pertinent   | t skills or experiences  |  |   |   |
| employed, falsified stat<br>may be used and that r<br>agree that if hired my e | Authorization to R is contained in this application are true a itements on this application shall be groun interpret employers may be contacted for the imployment is "at will" for no definite period itime without any prior notice, for any in itime with a prior notice, for any in itime | nds for dismissal. I understan<br>the purpose of investigating my<br>od, and may regardless of the or<br>reason, and that it in no way | d that the informate background. I fur date of payment of y is to be constructed. | tion provided herein<br>ther understand and<br>my wages or salary,<br>ed as a contract of |
| Signature  |  | Date   |   |   |





### EQUAL EMPLOYMENT OPPORTUNITY (EEO) DATA REPORTING FORM

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, and marital or veteran status. Completion of this form is **VOLUNTARY**. There will be no impact on your application if you chose not to answer any of these questions.

| Print Name_  | Date  |  |  |  |
|--|---|--|--|--|
| Position appl  | ying for  |  |  |  |
| Gender:  | MaleFemale I do not wish to identify  |  |  |  |
| Are you a Uni  | ited States Citizen?YesNo If no, do you have a current work visa?YesNo (If no, please explain)  |  |  |  |
| Ethnicity (Ch  | eck One):   |  |  |  |
|  | <b>Hispanic or Latino</b> – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  |  |  |  |
|  | Not Hispanic or Latino  |  |  |  |
| Race (Check  | all that apply):  |  |  |  |
|  | American Indian or Alaskan Native – a person having origins in any of the original people of North or South American (including Central America), or who maintains tribal affiliation or community attachment.  |  |  |  |
|  | <b>Asian</b> – a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.   |  |  |  |
|  | Black or African American – a person having origins in any of the black racial groups of Africa.  |  |  |  |
|  | <b>Hispanic or Latino</b> – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  |  |  |  |
|  | Native Hawaiian or Other Pacific Islander – a person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Islands.   |  |  |  |
|  | White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   |  |  |  |
|  | I do not wish to identify – all persons not wishing to self-identify race/ethnicity.  |  |  |  |
| Special Employ   | yment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilitie  |  |  |  |
| provide informat safe manner. The  | ed veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to ion regarding appropriate accommodation to enable you to perform the job to the best of your ability in a proper and his information will be treated as confidential. Failure to provide this information will not jeopardize or adversely ideration for employment. Please check all that apply. |  |  |  |
| Yes, I have a disability No, I do not have a disability Disabled Veteran Vietnam Era Veteran |   |  |  |  |
| I do not wish to identify  |   |  |  |  |

FOR OFFICE USE ONLY EEO CATEGORY: