



**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.*

<b>Applicant Information</b>			
Last Name:	First Name:	M.I.:	Date:
Current Street Address:		Apartment/Unit Number:	
City:	State:	Zip:	
Position Applying For:		Phone Number:	
Date Available:	Desired Salary:	Email:	
<b><i>If applying for Driver position, please list your addresses of residency for the past three (3) years:</i></b>			
Street Address:		Apartment/Unit Number:	
City:	State:	Zip:	
Street Address:		Apartment/Unit Number:	
City:	State:	Zip:	
Street Address:		Apartment/Unit Number:	
City:	State:	Zip:	
Have you ever applied with R.S. Audley, Inc. before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so when:			
Have you ever been employed with R.S. Audley, Inc. before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who was your Foreman:			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Valid Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/>		State:	Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how long since you were last employed?			
If yes, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact Name:		Phone Number:	

<b>How did you hear of us? (Please check which applies)</b>			
Walk In: <input type="checkbox"/>	Website: <input type="checkbox"/>	Radio: <input type="checkbox"/>	Newspaper (Please specify):
School (Specify):		Referral (By whom):	
Other:			

Education			
High School:		City, State:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College:		City, State:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Trade School:		City, State:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other:		City, State:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:

All driver applicants to drive in interstate commerce **must** provide the following information on all employers during the preceding 3 years, list complete mailing address, street number, city, state and zip code. *Applicants to drive a commercial motor vehicle in intrastate or interstate commerce **shall** also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.*

Employment History			
<b>MOST RECENT EMPLOYER</b> May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>DATE</b>
BUSINESS NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY	STATE	ZIP	REASON FOR LEAVING
SUPERVISOR NAME/TITLE		PHONE NUMBER	

<b>EMPLOYER</b> May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>DATE</b>
BUSINESS NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY	STATE	ZIP	REASON FOR LEAVING
SUPERVISOR NAME/TITLE		PHONE NUMBER	

<b>EMPLOYER</b> May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>DATE</b>
BUSINESS NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY	STATE	ZIP	REASON FOR LEAVING
SUPERVISOR NAME/TITLE		PHONE NUMBER	

<b>EMPLOYER</b>	<b>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>DATE</b>
BUSINESS NAME		FROM: TO:
ADDRESS		POSITION HELD
CITY STATE ZIP		REASON FOR LEAVING
SUPERVISOR NAME/TITLE	PHONE NUMBER	

<b>EMPLOYER</b>	<b>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>DATE</b>
BUSINESS NAME		FROM: TO:
ADDRESS		POSITION HELD
CITY STATE ZIP		REASON FOR LEAVING
SUPERVISOR NAME/TITLE	PHONE NUMBER	

<b>EMPLOYER</b>	<b>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>DATE</b>
BUSINESS NAME		FROM: TO:
ADDRESS		POSITION HELD
CITY STATE ZIP		REASON FOR LEAVING
SUPERVISOR NAME/TITLE	PHONE NUMBER	

<b>EMPLOYER</b>	<b>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>DATE</b>
BUSINESS NAME		FROM: TO:
ADDRESS		POSITION HELD
CITY STATE ZIP		REASON FOR LEAVING
SUPERVISOR NAME/TITLE	PHONE NUMBER	

**TO BE READ AND SIGNED BY APPLICANT**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I understand that the information provided herein may be used and that my prior employers may be contacted for the purpose of investigating my background. I further understand and agree that if hired my employment is "at will" for no definite period, and may regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice, for any reason, and that it in no way is to be construed as a contract of employment.

**By checking this box, you are certifying that you have read and agree to the above statement.**

<b>Applicant Signature:</b>	<b>Date:</b>
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**Driver Applicant Only**  
**DOT Supplemental Information**

**Accident record for past 3 years or more (attach sheet if more space is needed) if none, write none**

DATES	TYPE OF ACCIDENT	FATALITIES INJURIES
Last Accident		
Next Previous		
Next Previous		

**Traffic convictions and forfeitures for the past 3 years (other than parking tickets) if none, write none**

LOCATIONS	DATE	CHARGE	PENALTY

**Experience and qualifications - Driver**

DRIVER LICENSES INFORMATION			
STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Date of Birth:	<i>(DOB is required for commercial drivers)</i>	Can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any license, permit or privilege ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		
*If the answer to either above questions is <b>YES</b> , <u>attach a statement-giving details.</u>		

**Driving Experience: If none, write none**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	APPROX. # OF MILES	DATE	
			FROM	TO
STRAIGHT TRUCK				
TRACTOR TRAILER				
10-WHEELER				
OTHERS				

List states operated in for the last five years \_\_\_\_\_

List other pertinent skills or experiences \_\_\_\_\_

\_\_\_\_\_

**Authorization to Release Information**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I understand that the information provided herein may be used and that my prior employers may be contacted for the purpose of investigating my background. I further understand and agree that if hired my employment is "at will" for no definite period, and may regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice, for any reason, and that it in no way is to be construed as a contract of employment.

**By checking this box, you are certifying that you have read and agree to the above statement.**

Applicant Signature:	Date:
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### 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.

Last Name:	First Name:	M.I.	Date:
Position Applying for:			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to identify <input type="checkbox"/>			
Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, do you have a current work visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you do not have a current work visa, please explain:			

#### Ethnicity (Check One):

<input type="checkbox"/>	<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.
<input type="checkbox"/>	<b>Not Hispanic or Latino</b>

#### Race (Check all that apply):

<input type="checkbox"/>	<b>American Indian or Alaskan Native</b> – 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.
<input type="checkbox"/>	<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.
<input type="checkbox"/>	<b>Black or African American</b> – a person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	<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.
<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander</b> – a person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Islands.
<input type="checkbox"/>	<b>White</b> – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	<b>I do not wish to identify</b> – all persons not wishing to self-identify race/ethnicity.

#### Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities

If you are disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information **will not** jeopardize or adversely affect your consideration for employment. Please check all that apply.

<input type="checkbox"/>	Yes, I have a disability
<input type="checkbox"/>	No, I do not have a disability
<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	Vietnam Era Veteran
<input type="checkbox"/>	I do not wish to identify

FOR OFFICE USE ONLY: EEO CATEGORY: \_\_\_\_\_