

R.S. Audley, Inc.

609 Route 3A- Bow, NH 03304 (603) 224-7724 fax (603) 225-7614

Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to Race, color, religion, sex, national origin, age, marital status, or non-job related disability.

			Date of application: Phone#			
Position(s) Applied for					
Name:			Social Security No			
	Last	First	Middle			
Current Address						
	Street		City	State	Zip Code	
If applying Previous Address'	as a Driver, plea	se list your addresses	of residency for the past 3	3 years.		
	Street		City	State	Zip Code	
	Street		City	State	Zip Code	
Yes, if Contact N Start Date How did y e	yes may we cont lamee eou hear of us?	act your present emplo Desired Salary Walk-inWeb	nce you last worked oyer?YesNo Phone Valid Driver's Licer ositeNewspaper (spec Referral, by who	# nseYes _ cify)		
Other		eeny)	Referral, by wild	·····		
Are you aut	horized to work i	n the United States? _ No Yes	NoYes (Proof of Citizenship or	immigration will be re	equired upon employment)	
Please chec	k <u>all</u> Equipment	Experience				
CDL- Hydr	A CDL-B _ aulic Bullo er, size	Hazmat T lozer, size	Tri-Axle Crane, Ton ank Track Bo Gradall _ Excavator, size	om Truck Grader .	Roller	

EDUCATION

Circle Highest Grade C	ompleted: 7 8	3 9 10 11 12	College: 1	2 3 4	
Name	_	City/State	Yr. Graduated	Degree	
High School					
College Trade School					
Other					
Otrici					
preceding 3 years. List com	nplete mailing addre n intrastate or inters	nerce must provide the follow less, street number, city, state state commerce shall also pro ted such vehicle.	and zip code. Applicants	to drive a	
EMPLOY	ER		D	ATE	
NAME			FROM:	TO:	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAV	/ING	
EMPLOYER			DATE		
NAME	-		FROM:	TO:	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	SIAIL	PHONE NUMBER	REASON FOR LEAV	/ING	
EMPLOYER				ATE	
NAME			FROM:	TO:	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAV	/ING	
EMPLOYER	<u>:</u>			ATE	
NAME ADDRESS			FROM:	TO:	
ADDRESS			POSITION HELD		
CITY CONTACT PERSON	STATE	ZIP PHONE NUMBER	SALARY/WAGE REASON FOR LEAV	/ING	
SONT LINGUIT		THORE NOWBER	NEAGON ON LEA		
EMPLOYER	≺			ATE	
NAME			FROM:	TO:	
ADDRESS			POSITION HELD		
CITY CONTACT PERSON	STATE	ZIP PHONE NUMBER	SALARY/WAGE REASON FOR LEAV	/ING	
JOHIAOTI EROOM		I HOME MOMBER	INLAGON I ON ELA	,,,,	

EMPLOYER			DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
EMPLOYER	<u> </u>		DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
EMPLOYER	<u> </u>		DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
EMPLOYER			DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
Person to Notify in cas	e of emergency	1	Please include daytime phone r
			- I I I I I I I I I I I I I I I I I I I
	_	READ AND SIGNED BY APPLI	CANT of my knowledge and understand that, if

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.

DOT Supplemental Information

Accident record	for past 3 years or more (attac	h sheet if more space is need	ded) if none, v	vrite none
DATES	TYPE OF ACCIDENT		FATALITIES	INJURIES
Last Accident				
Next Previous				
Next Previous				
		_	\	
	ns and forfeitures for the past		ng tickets) if no	ne, write none
LOCATIONS	DATE	CHARGE	PENALT	Y
Experience and	qualifications – Driver			
	DRIVER LICENSES INFORMATIO	N		
STATE	LICENSE NO.	TYPE	EXPIRAT	ON DATE
Date of Birth	uired for Commercial Drivers)	Can you provide	proof of age? _	YesNo
	,		1:12	
Have you ever bee	en denied a license, permit or privi	lege to operate a motor ve	enicie?Yes	INO
Has any license, p	ermit or privilege ever been suspe	nded or revoked?Yes	No	
*If the ans	wer to either above questions is Y	ES, attach statement-givin	g details.	
Driving Experier	nce if none, write none			
		ADDDOV # OF MILES	EDOM.	DATE
STRAIGHT TRUCK	TYPE OF EQUIPMENT	APPROX. # OF MILES	FROM	ТО
TRACTOR TRAILER				
10 WHEELER				
OTHERS				
List states onerate	d in for the last five years			
•	•			
List other pertinen	t skills or experiences			
	Authorization to	o Release Information		
employed, falsified sta may be used and that agree that if hired my	s contained in this application are true and tements on this application shall be grour my prior employers may be contacted for employment is "at will" for no definite per ime without any prior notice, for any reas	nds for dismissal. I understand to the purpose of investigating my riod, and may regardless of the	that the information background. I full date of payment or	n provided herein rther understand and f my wages or salary
Signature		Date		