



b.quint@burnhamcompanyinc.com

Office: (603) 447-4478

FAX: (603) 447-4908

EMPLOYMENT APPLICATION

Date	
Position Desired	

Name _____

Phone _____

Mailing Address _____

Cell _____

City, State, Zip _____

E-Mail _____

When would you be available to begin work? _____

Type of employment desired:

Hourly rate / salary desired: \$ _____

Full Time Part Time Seasonal

EDUCATION

School Name & Location	Did you graduate?	Subjects Studied / Major	Degree or Certificate

EQUIPMENT License CDL / A CDL / B CDL / D Current Medical Card

<i>Please indicate your level of experience:</i>	Equipment	Make	Experience	Equipment	Make	Experience
	A – No Experience	Backhoe			Loader	
B – 0-6 Months	Chipper			Plow		
C – 6 Months to 1 Year	Compactor			Sand		
D – 1-5 Years	Dozer			Skid Steer		
E – 5 Years +	Excavator			Vibratory Roller		
	Laser			Wing		

Examples: Earthwork, Utilities, Highway

How many years of experience do you have working in construction? _____ Doing what? _____

What kind of skilled labor have you done? (List All) _____

Can you read grade stakes? Yes No What type of machine are you the most productive in? _____

Do you have any experience in equipment maintenance? Yes No Service? Yes No Repair? Yes No

EMPLOYMENT HISTORY

Are you currently employed? Yes No If so, may we inquire of your present employer? Yes No

If presently employed, why are you considering leaving? _____

Dates Employed From: _____ To: _____ Salary / Hourly Rate Start: \$ _____ End: \$ _____	Employer Name & Address _____ _____ _____	Employer Phone _____
	Supervisor Name _____	Responsibilities _____ _____
	May we Contact? Yes No	Reason for Leaving _____ _____

Employer 2

Dates Employed From: _____ To: _____	Employer Name & Address _____ _____ _____	Employer Phone _____ Responsibilities _____ _____
Salary / Hourly Rate Start: \$ _____ End: \$ _____	Supervisor Name _____ May we Contact? Yes No	Reason for Leaving _____ _____

Employer 3

Dates Employed From: _____ To: _____	Employer Name & Address _____ _____ _____	Employer Phone _____ Responsibilities _____ _____
Salary / Hourly Rate Start: \$ _____ End: \$ _____	Supervisor Name _____ May we Contact? Yes No	Reason for Leaving _____ _____

Are you willing to travel for work? Yes No

REFERENCES

Name	Relationship	Phone Number

AUTHORIZATION

The facts set forth in this application and any supplemental information are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for immediate discharge. I hereby authorize investigation of all statements contained herein and employers listed above to give you any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. If I am hired, I understand that either the company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary.

I understand that I am required to abide by all rules and regulations of the company.

Signature _____ **Date** _____

Interviewed By: _____ Date _____

Hired: Yes No Salary/Hourly Rate \$ _____ Start Date _____