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**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
	<b>A – No Experience</b>	Backhoe			Loader	
<b>B – 0-6 Months</b>	Chipper			Plow		
<b>C – 6 Months to 1 Year</b>	Compactor			Sand		
<b>D – 1-5 Years</b>	Dozer			Skid Steer		
<b>E – 5 Years +</b>	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 _____
	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 _____
	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 \_\_\_\_\_