



Application for Employment

141 Smith Bridge Road
P.O. Box 490 Plymouth, NH 03264 (603)536-4154 (603)536-3429 Fax

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

NAME: _____ DATE: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHYSICAL ADDRESS (if different from above): _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ SOCIAL SECURITY: _____

HOW DID YOU HEAR ABOUT R.M. PIPER, INC? : Newspaper Employee _____ Other _____

POSITION APPLIED FOR: _____

(Note: If applying for a truck driving position, please complete Driver Application Supplement #1 and DSMV505)

Do you have a valid driver's license? _____ If yes, please provide #: _____

Issuing State: _____ Expiration: _____ Endorsements (circle all that apply): CDL-A CDL-B HAZMAT

Do you have a DOT Medical Card? Yes No If Yes, expiration date: _____

Do you have an OSHA-10 Card? Yes No If Yes, date of certification: _____

You will be asked for a photo copy of your driver's license, DOT medical card and OSHA-10 card. Please have it with you when you return your application or come in for an interview. If mailing or faxing your application, please attach a copy when possible.

Please list types of heavy equipment that you can operate: _____

Please list other pertinent skills or experience: _____

Have you filed an application with us before? Yes No If Yes, date: _____

Have you ever been employed with us before? Yes No If Yes, date: _____

On what date are you available for work? _____

Are you currently employed? Yes No If Yes, may we contact your present employer? Yes No

Are you available to work: Full Time Part Time Seasonal

Are you currently on lay-off subject to recall? Yes No If Yes, employer: _____

Due to the nature of our business, employees are expected to travel to assigned job site. Do you have reliable transportation? Yes No If No, please explain: _____

(O V E R)

EMPLOYMENT EXPERIENCE: Please list most recent employer first

Employment Dates		EMPLOYER/COMPANY	TOWN/CITY	NAME OF SUPERVISOR	PHONE #	RATE OF PAY	REASON FOR LEAVING
TO	FROM						
Position/Duties:							
Position/Duties:							
Position/Duties:							
Position/Duties:							

ADDITIONAL REFERENCES:

NAME	TOWN/CITY	PHONE NUMBER	RELATIONSHIP

APPLICANT'S CERTIFICATION AND AGREEMENT

(PLEASE READ CAREFULLY)

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that should R.M. Piper, Inc. offer me a job I must have a post-offer physical exam and drug screen before employment begins. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

APPLICANT DATA SURVEY
(VOLUNTARY)

*In effort to comply with relevant government regulations, we ask that you complete the following. Your cooperation is appreciated and your answers are **not** a part of your application for employment.*

GENDER (check one): Male Female

ETHNIC GROUP/RACE (check one): Caucasian Black Hispanic/Latino Asian/Pacific Islander Native American

VETERAN STATUS: Vietnam Era Veteran Special Disabled Veteran Newly separated veteran