



# Application for Employment

141 Smith Bridge Road  
P.O. Box 490 Plymouth, NH 03264 (603)536-4154 (603)536-3429 Fax [jobs@rmpiper.com](mailto:jobs@rmpiper.com) www.rmpiper.com

*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
FROM	TO						
<b>Position/Duties:</b>							
<b>Position/Duties:</b>							
<b>Position/Duties:</b>							
<b>Position/Duties:</b>							

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