



Sunday
PAVING & SEALING
 603-569-7878

P.O. Box 1136
 Wolfeboro Falls NH 03896

APPLICATION FOR EMPLOYMENT

Date: _____

DOB: _____

Applicant Name: _____

Street: _____

City, State, Zip: _____

Position(s) Applied for or type of work desired: _____

Phone: _____

Cell Phone: _____

Date Available to Start: _____

Do you have any objection to working overtime if necessary? YES ___ NO ___

Do you have a vehicle to use to travel to the job if necessary? YES ___ NO ___

Do you have paving experience? YES ___ NO ___

If so, how long? _____

DRIVER'S LICENSES:

STATE	LICENSE #	TYPE	EXPIRES

DRIVING EXPERIENCE:

Employer: _____ Position Held: _____
Address: _____ Dates Employed: _____
Reason for Leaving: _____

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Address: _____ Dates Employed: _____
Reason for Leaving: _____

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Address: _____ Dates Employed: _____
Reason for Leaving: _____

Have you had any accidents? _____

If, so- Please explain - _____

OTHER SKILLS & QUALIFICATIONS:

Summarize any job related training, skills, licenses, certificates and/or other qualifications:

EDUCATIONAL HISTORY:

List school name and location, years completed, and any degrees earned:

High School: _____

College: _____

Technical Training: _____

Other: _____

REFERENCES:

List 3 reference names, telephone numbers (do not include relatives):

I hereby authorize the potential employer to contact, obtain and verify the accuracy of the information contained in this application. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause of cancellation of this application or immediate termination of employment. I also understand that Sunday Paving is part of a Drug & Alcohol Testing Program.

Applicant Signature _____