

**All applications should be e-mailed to [info@bradburnwaste.com](mailto:info@bradburnwaste.com).**

**APPLICATION FOR EMPLOYMENT**

Bradburn Wrecking Company Inc., Bradburn Waste Disposal and Bradburn Environmental Services, is an AA/equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Prior Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**APPLICANT QUESTIONS:**

Position applying for: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temporary: \_\_\_\_\_

How were you referred to Bradburn? \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

Are you 18 years of age or older?  Yes  No

Do you have a current valid Kansas Driver's License?  Yes  No

(Applicants for positions that involve driving a company vehicle or personal vehicle for company business must submit copies of all driver's licenses held and MVR records will be checked. Evidence of insurability will also be required.)

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?

Yes\*  No

\*If yes, please explain in detail below, and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

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**EDUCATION:**

*High School or last grade completed:*

Name & City/State of School: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

*College or Technical School*

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

*Other Schooling or Training*

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Please list any additional special skills, qualifications, licenses, etc. that you possess that would be relevant to the position for which you are applying:

Have you previously worked for Bradburn? \_\_\_ No If yes, dates: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_

**RECORD OF EMPLOYMENT:** List positions starting with most recent job:

1. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?: Yes \_\_\_ No \_\_\_

2. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?: Yes \_\_\_ No \_\_\_

3. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?: Yes \_\_\_ No \_\_\_

4. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?: Yes \_\_\_ No \_\_\_

5. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?: Yes \_\_\_ No \_\_\_

**WORK-RELATED REFERENCES: (Do not include relatives)**

Name	Years Known	Contact Information/Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Bradburn is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law, and that no representative of the Company, other than an officer of the Company, has any authority to enter into any agreement for a specified period of time or to make any agreement contrary to the foregoing. I agree to be bound by all Company rules and regulations and to cooperate fully in their enforcement.

I certify that all statements in this completed application are true and understand that any inaccuracy or omission of fact made in this application, or in the hiring process, is cause for the rejection of my application or immediate termination of my employment, if I should become employed.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of initial and continuing employment. After an offer of employment, and prior to reporting to work, you may be required to complete a medical history form and submit to a medical review based on certain job requirements.

**I understand this application will be active for a period of 30 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_