All applications should be e-mailed to info@bradburnenvironmental.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: Zi	ip:Work Phone:Home Phone:
Prior Address:	CityStateZip:
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 i	required to establish your eligibility to work in the U.S.?YesNo
Are you 18 years of age or older?	_YesNo
Do you have a current valid Kansas	Driver's License? Yes No
(Applicants for positions that involve	e driving a company vehicle or personal vehicle for company business must submit
copies of all driver's licenses held an	nd 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	w, and include the date of final disposition of the case and the nature of the offense. This
information will not necessarily disq	qualify you from employment but false or misleading information will. Factors such as
age and time of the offense, seriousn	ess and nature of the violation, and rehabilitation will be taken into account.
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 addition	nal special skills, qualit	rications, licenses, e	etc. that you posses	ss that wo	ould be relevant to the position
which you are applyin	g:				
Have you previously v	worked for Bradburn?_	No If yes, dates:	to	Title:	<u>:</u>
ECORD OF EMPLO	YMENT: List positions	starting with most r	ecent job:		
1. Employer:			_Telephone:		
Address:					
Position Title:	Supe	ervisor:			
Start Date:	_Date Left:	_Beginning Salary:	E	inding Sal	ary:
Duties:					
Reason for Leaving:_			_May we contact?	?: Yes	No
2. Employer:	Telephone:				
Address:					
	Sup				
Start Date:	_Date Left:	_Beginning Salary:	E	inding Sal	ary:
Duties:					
Reason for Leaving:_			_May we contact?	?: Yes	No
3. Employer:			_Telephone:		
Address:					
Position Title:	Sup	ervisor:			
Start Date:	_Date Left:	_Beginning Salary:	E	Inding Sal	ary:
Duties:					
Reason for Leaving:_			_May we contact?	?: Yes	No
1. Employer:			_Telephone:		
Address:					
	Sup				
Start Date:	_Date Left:	_Beginning Salary:	E	nding Sal	ary:
Duties:					
Reason for Leaving:_			_May we contact?	?: Yes	No
5. Employer:			Telephone:		
Address:					
Position Title:	Sup	ervisor:			
Start Date:	_Date Left:	_Beginning Salary:	E	anding Sal	ary:
Duties:					
Reason for Leaving:			May we contact?)· Vec	No

Name	Years Known	Contact Information/Phone
1		
2		
3		
J		
STATEMENT (Please read this statement of	carefully before signin	g this application):
I understand that employment with Bradbur	n is at-will, meaning th	at I or the Company may terminate my employment at
* *	,	leral law, and that no representative of the Company,
1 2		nto any agreement for a specified period of time or to
	ng. I agree to be bound	by all Company rules and regulations and to cooperate
fully in their enforcement.		
· · · · · · · · · · · · · · · · · · ·		nd understand that any inaccuracy or omission of fact
**		ejection of my application or immediate termination of
my employment, if I should become employ		gation of my work and personal history, and verify all
		se the Company, and its representatives or agents, from
	•	e all individuals, schools, and firms named to provide
, , ,	•	providing the requested information. I understand that
		alcohol test as a condition of initial and continuing
		g to work, you may be required to complete a medical
history form and submit to a medical review		
= =	_	lays; after that time, if I wish to be considered for
	•	ll the statements in this completed application are
•	n or willful omission s	shall be sufficient cause for dismissal or refusal to
hire		

Applicant's Signature: _____ Date: ____