



# Job Application

Email Application to : BG@hbutlerconstruction.com

Fax: 860-342-2142

Mailing Address:

H. E. Butler Construction Company, LLC  
 984 Portland Cobalt Rd  
 Portland, CT 06480

## Personal Information

Last		First		MI	SSN#	Email	
Street Address			City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		War	
What position are you applying for?				How did you hear about this position?			
Expected Hourly Rate		Expected Weekly Earnings		Date Available			

## Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay (Starting/Final)						
Reason for Leaving						
Duties						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Special Skills or Training (That may qualify you for work with our company)

Licenses: (check of all that apply) Hazwoper \_\_\_\_\_ OSHA 10 \_\_\_\_\_ OSHA 30 \_\_\_\_\_ CDL License \_\_\_\_\_ P6 \_\_\_\_\_ P8 \_\_\_\_\_

Septic Installer \_\_\_\_\_ MSHA Training \_\_\_\_\_ CPR/First Aid \_\_\_\_\_ Confined Space \_\_\_\_\_ Other: \_\_\_\_\_


**Education**

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				

**Personal References**

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

**Emergency Contact**

	Contact 1	Contact 2	Contact 3
Name			
Address			
City, ST, ZIP			
Telephone (Primary)			
Telephone (Secondary)			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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