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# THE EVERETT RAILROAD COMPANY

## Application for Employment

We consider applications for all position without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status. Employment will in whole or part be based upon the information provided in this application.

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Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us?

- Advertisement                       Friend                       Walk-in  
 Employment Agency               Relative                       Other

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How many years at this address? \_\_\_\_\_

Phone number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_

Have you ever been employed with us before?     NO                       YES, GIVE DATE \_\_\_\_\_

Are you currently employed?                       NO                       YES

May we contact your present employer?               NO                       YES

On what date would you available for work? \_\_\_\_\_

Are you available to work:     Full time     Part time     Shift work     Temporary

Are you currently on "lay-off" status and subject to recall?     NO                       YES

Can you travel if a job requires it?                       NO                       YES

Have you been convicted of a felony within the last 7 years?     NO                       YES

*Conviction will not necessarily disqualify an applicant for employment*

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

	HIGH SCHOOL	COLLEGE/ UNIVERSITY	TRADE SCHOOL OR OTHER
SCHOOL NAME			
LOCATION			
YEARS COMPLETED			
COURSE OF STUDY			
DID YOU GRADUATE?			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			
State any additional information you feel may be helpful to us in considering your employment			
Describe any honors you have received			

List professional, trade, business or civic activities and office(s) held:

*You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.*

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## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Have you ever had job-related training in the United States Military?  NO  YES

If yes, please describe

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## EMPLOYMENT EXPERIENCE

List your present or last job; include job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status. Failure to identify a former employment may result in rejection of application or dismissal from employment.

Employer:	Dates Employed:	Work Performed:
Address:		
Telephone #:	Starting rate:	
Job title:	Final rate:	
Supervisor's name:	Certifications Held:	
Reason for leaving:		

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Telephone #:	Starting rate:	
Job title:	Final rate:	
Supervisor's name:	Certifications Held:	
Reason for leaving:		

If you need additional space, please continue on a separate sheet of paper.

Summarize special job-related skills and qualifications acquired from employment or other experience

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The Everett Railroad Company may verify any and all information contained in your application, and may perform other inquiries as a part of the employment suitability determination process. If you wish to have your application for employment with The Everett Railroad Company be considered please execute the authorization for release of records on the bottom of this page. If you do not want us to contact anyone you identify, or whom we may identify, that person(s) or company(ies) should be listed immediately below, with the reason for your request.

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**THE EVERETT RAILROAD COMPANY  
AUTHORIZATION FOR RELEASE OF RECORDS**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

This will be your authority to furnish The Everett Railroad Company, or their representative, full medical information, employment records, claims history, information from files or records maintained by you and/or your company, information relative to your association, attendance, or connection in any way with you personally or your organization. I understand that the information supplied by me can be utilized in conducting a background investigation which may include, but not be limited to, a consumer credit report, criminal history search, driving record history, and verification of any information provided on my application form.

This is to include a release of all medical records, physical exams, identification of doctors, or other records that may be described on an attached supplement to this authorization. This authorization is to be considered complete and unconditional release of all records or information as may be requested. A copy of this authorization shall be considered as effective and valid as the original.

Warning: Execution of this document may allow the release of information not provided by the Freedom of Information Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE

NOTE TO APPLICANT: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation should have been explained to you. If it has not, you should get an explanation of the job before answering this question.  YES  NO

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.

This application for employment shall be considered active for a period of time and not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE

DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_  
For personnel department use only

Hired  yes  no      Date of Employment \_\_\_\_\_

Job title \_\_\_\_\_      Hourly rate/salary \_\_\_\_\_

BY: \_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

**AUTHORIZATION: Please read and understand this statement before signing your application:**

Upon signing this application; I acknowledge that The Everett Railroad Company (the Company) relies on information provided by me for employment consideration. I understand that false information, misrepresentation, or concealment are grounds for my dismissal at any time during my employment. I understand my employment is conditional upon the Company obtaining information, including, but not limited to, my employment, education, credit, prior work, including my disciplinary record, general reputation, and character. I authorize the Company to obtain such information or verification from any source as required without any obligation to provide me with such written notice of such disclosure. I understand this serves as notice under the Federal Fair Credit Reporting Act that a consumer report to obtain such information may be procured. I hereby release the Company and all such sources from any liability as a result of such inquires and disclosures.

In considerations of my employment, I agree to conform to the rules and regulations of the Company. I understand and agree that my employment is for an indefinite period of time and that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that the Company's policies and procedures are merely guidelines that are subject to change at the sole discretion of the Company and that they do not constitute contracts of employment. I understand that no representative of the Company other than the President of the Company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. All agreements shall be expressly stated in writing directed to me personally and signed by the President of the Company.

I understand that The Everett Railroad Company has a commitment to maintain an alcohol/drug-free workplace and that The Everett Railroad Company, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If it is determined my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to drug-testing under certain circumstances during my employment.

**I fully understand and accept all terms and conditions in the above statement.**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_