Historic Rail Adventures, LLC

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, marital status, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.
Job Applied for ______ Today's Date______ Are you seeking: Full-time Part-time Temporary employment?
When could you start work?______

City	nit proof of age Ir eligibility to	
be required to subr rnish proof of you	nit proof of age Ir eligibility to	e.) work in the U.S.
be required to subr rnish proof of you	nit proof of age Ir eligibility to	e.) work in the U.S.
re? Yes 🗌	No 🗌	If yes, when?
Yes 🗌	No 🗌	If yes, when?
		siness ····· Yes 🗌 No [
		engaged in any additional bus?

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EDUCATION

		List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
	High School or GED			
-	College or University			
	Subjects Studied			
	Vocational or Technical			
-	Subjects Studied			

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? ______

What machines or equipment can you operate that are related to the job for which you are applying? ______

For Driving Jobs <u>Only</u> : Do you have a valid	driver's license?		Yes 🗌	No 🗌
Driver's License Number	Class of License	State	Licensed In	
Have you had your driver's license suspe in the last 3 years? If yes, give details:			Yes 🗌	No 🗌

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color,

religion, national origin, sex, age, disability, genetic information or other protected status.)

WORK HISTORY

Name Address and	Employed	Supervisor(s)
Name, Address and Telephone of Employer	From (mo/yr)	
	Reason for Leaving	
	Reason for Leaving	
T '0.		
Title		
Name, Address and	Employed	Supervisor(s)
Telephone of Employer	From (mo/yr) To(mo/yr)	
	Reason for Leaving	
	Reason for Leaving	
Title		
Name, Address and	Employed	Supervisor(s)
Telephone of Employer	From (mo/yr) To(mo/yr)	
	Reason for Leaving	
	Reason for Leaving	
Title		
Name, Address and	Employed	Supervisor(s)
Name, Address and Telephone of Employer	Employed From (mo/yr) To(mo/yr)	Supervisor(s)
Name, Address and Telephone of Employer		Supervisor(s)
Name, Address and Telephone of Employer	From (mo/yr) To(mo/yr)	Supervisor(s)
Name, Address and Telephone of Employer		Supervisor(s)
Name, Address and Telephone of Employer	From (mo/yr) To(mo/yr)	Supervisor(s)
Name, Address and Telephone of Employer	From (mo/yr) To(mo/yr)	Supervisor(s)
Name, Address and Telephone of Employer	From (mo/yr) To(mo/yr)	Supervisor(s)
Name, Address and Telephone of Employer	From (mo/yr) To(mo/yr)	Supervisor(s)
Telephone of Employer	From (mo/yr) To(mo/yr)	Supervisor(s)
Name, Address and Telephone of Employer	From (mo/yr) To(mo/yr)	Supervisor(s)

References

	Have you worked or attended school under any other names?	Yes 🗌	No 🗌
	If yes, give names:		
	Are you presently employed?	Yes 🗌	No 🗌
	If yes, whom do you suggest we contact?		
	Have you ever been fired from a job or asked to resign?	Yes 🗌	No 🗌
	If yes, please explain:		
	Give three references, not relatives or former employers.		
Name	Address	Phone	

AFFIDAVIT, CONSENT AND RELEASE PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a preand/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _

Date:

This application for employment will remain active for a limited time. Ask the organization's representative for details.