



EMPLOYMENT APPLICATION

**113 Industrial Drive
Minooka, IL 60447**

Date: _____

PERSONAL INFORMATION

Name: _____ **SSN:** _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

Phone Number: _____ **Email:** _____

Are you 18 years or older? Yes No

Are you legally eligible for employment in this country? Yes No

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, Expunged or sealed by a court? Yes No

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? Yes No
 If yes, please explain: _____

Drivers License # _____ State: _____ **Any Violations?**
 Yes No
 If yes, please explain: _____

Do you have a Commercial Driver's License (CDL)? Yes No
 If yes, classification: _____

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE or DIPLOMA?
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

EMPLOYER:	DATES EMPLOYED: MO YEAR TO MO YEAR / /
ADDRESS:	TELEPHONE:
JOB TITLE:	COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____
IMMEDIATE SUPERVISOR & TITLE:	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL:
REASON FOR LEAVING:	
JOB RESPONSIBILITIES: _____	
EMPLOYER:	DATES EMPLOYED: MO YEAR TO MO YEAR / /
ADDRESS:	TELEPHONE:
JOB TITLE:	COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____
IMMEDIATE SUPERVISOR & TITLE:	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL:
REASON FOR LEAVING:	
JOB RESPONSIBILITIES: _____	
EMPLOYER:	DATES EMPLOYED: MO YEAR TO MO YEAR / /
ADDRESS:	TELEPHONE:
JOB TITLE:	COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____
IMMEDIATE SUPERVISOR & TITLE:	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL:
REASON FOR LEAVING:	

JOB RESPONSIBILITIES: _____

GENERAL

SPECIAL SKILLS: _____

CERTIFICATES: _____

HAVE YOU EVER WORKED IN THE RAIL INDUSTRY? Yes No

IF YES, ANY SPECIALIZED SKILLS? _____

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	CONTACT INFORMATION	BUSINESS	YEARS ACQUAINTED

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT ANY NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE _____ DATE _____