RED RIVER VALLEY & WESTERN RAILROAD EMPLOYMENT APPLICATION

Return to: Manager-Human Resources Red River Valley & Western Railroad P.O. Box 608 Wahpeton, ND 58074 (701) 642-8257 (701) 642-3534 fax



(701) 642-8257 (701) 642-3534 fax	Date:	, 20
1. APPLYING FOR:		
Job Title	Location	

After reviewing the job descriptions of all jobs applied for, please state whether you are able to perform the essential functions of those jobs with or without a reasonable accommodation. Please answer by circling **Yes** or **No** and provide no further information.

2. HOW DO WE CONTACT YOU?

Your Name	Social Security No		
Mailing Address	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code	
Email address		· ·	
Home Phone ()	Business Phone ()	
May we contact you at your business			

3. TELL US ABOUT YOUR EDUCATION

High School (Name)	Location
Diploma [] Other (specify)	_ Highest Grade Completed
College Graduate? [] yes [] no If no, give total of	redits received
Your Name if Different While Attending School	

Give name and address of school, major course of study, and degree received.

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Job-Related Training and Course Work

List any skills, licenses, certificates, equipment operated which are related to the job you seek (including words per minute typing speed, computer software proficiency, etc.).

4. DRIVER'S LICENSE INFORMATION

Do you possess a valid driver's lice	nse? GYes	g No				
If yes, provide License Number			_ State Iss	ued		
Expiration Date//	Class (check	one) []	A []B	[]C	[]D	Other

4. TELL US ABOUT YOUR WORK EXPERIENCE

Describe your work experience in detail, beginning with your most recent job. Provide an explanation for any gaps in employment. A resume may be attached, but substituted for completing this section.

Name of Present/Last Employer:	Address:
Phone: ()	Job Title:
Supervisor's Name:	May We Contact This Employer?
Job Duties:	Reason for Leaving:
From / / to / /	Salary:

Your Next Most Recent Employer:	Address:
Phone: ()	Job Title:
Supervisor's Name:	May We Contact This Employer?
Job Duties:	Reason for Leaving:
From/ to/	Salary:

Your Next Most Recent Employer:	Address:
Phone: ()	Job Title:
Supervisor's Name:	May We Contact This Employer?
Job Duties:	Reason for Leaving:
From/ to/	Salary:

Give the names to two people, not relatives, who are familiar with your work.

Name	Address	Phone
Name	Address	Phone

I acknowledge that I have been advised that the RRVW has a Drug Policy which applies to all applicants who are given a conditional offer of employment and all RRVW employees. I understand that if I receive a job offer I will receive a copy of the policy. I further acknowledge that my employment with RRVW will be contingent upon my successfully completing a pre-employment drug test.

Authority to Release Information: By my signature, I consent to the release of information to authorized officers of RRVW Railroad, which may include but not be limited to, information concerning my past and present work; including my official personnel files, attendance records, safety records, engineer certification files (if applicable), evaluations, and any other files deemed necessary. I further release the organization, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature

_____ Date ____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification or material omission of information on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work. I understand and agree that if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature _____

Date _____