MINNESOTA COMMERCIAL RAILWAY COMPANY

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Date _____

TYPE OR PRINT LEGIBLY. ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. OMISSION OR FALSIFICATION WILL RESULT IN REFUSAL TO HIRE OR TERMINATION SHOULD YOU BECOME EMPLOYED.

NOTICE: As set forth in Title 1 of the Americans with Disabilities Act, you are requested to advise the Company if you need a reasonable accommodation to complete this application or to perform the essential functions of any position you are offered.

I. PERSONAL

NAME: Last First Middle Initial Social Security Number

PRESENT ADDRESS: No/Street Name City State Zip

HOME PHONE WORK PHONE MAY WE CONTACT YOU AT YOUR BUSINESS NUMBER?

IF HIRED, CAN YOU FURNISH PROOF THAT OU ARE ELGIBLE TO WORK IN THIS U.S.? ____Yes ____No

ARE YOU AT LEAST 18 YEARS OF AGE? ____Yes ____No

DATE AVAILABLE FOR WORK _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR DO YOU HAVE CRIMMAL CHARGES PENDING AGAINST YOU? CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

____YES ____NO

IF YES, GIVE DETAILS.

II. POSITION APPLYING FOR

___Switchman/Conductor ___Mechanical ___Professional ___Laborer ___Management Others_____

INDICATE YOUR AVAILABILITY: ___Full Time ___Part Time ___Temporary Hous:_____ Days_____

III. EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND LOCATION	LAST YEAR COMPLETED	MAJOR COURSE OF STUDY
High school		9 10 11 12	
College or University		1 2 3 4	
Business or Technical			
Other			

IV. EMPLOYMENT HISTORY

LIST CURRENT OR MOST RECENT POSITION FIRST

Company_____ From_____ To _____Job Title _____
Address _____ Phone _____
Supervisor Name _____ Starting Salary $_____ Ending Salary $_____
What were your main job duties?_____
Reason(s) for leaving _____ May we contact? ___Yes ___ No
_____

Company_____ From_____ To _____Job Title _____
Address _____ Phone _____
Supervisor Name _____ Starting Salary $_____ Ending Salary $_____
What were your main job duties?_____
Reason(s) for leaving _____ May we contact? ___Yes ___ No
_____

Company_____ From_____ To _____Job Title _____
Address _____ Phone _____
Supervisor Name _____ Starting Salary $_____ Ending Salary $_____
What were your main job duties?_____
Reason(s) for leaving _____ May we contact? ___Yes ___ No
_____

V. F.R.A. DISQUALIFICATION

Have you now or have you ever been subject to an F.R.A. disqualification order? ___Yes ___No If yes, Explain:

VI. GENERAL INFORMATION

Have you ever worked for this company or any or its affiliates: ___Yes ___No If yes, details:

Facility Positions

Driver's License number_____ State of Issue_____

Has your license ever been revoked, or suspended? ___Yes ___No

If yes, explain: _____

Have you ever been convicted of any traffic violations? ___Yes ___No

If yes, explain: _____

VII. MILITARY SERVICE

Branch/Entry Rank_____ Separation Rank_____ Present Classification _____

Duties Performed: _____

VIII. BUSINESS/PROFESSIONAL REFERENCES

Name	Relationship	Employer	Position	Address/Telephone

IX. COMMERCIAL VEHICLE DRIVER

If you are applying for a position that requires driving a company vehicle, you may be required to complete a commercial driver application addendum.

I understand that if offered employment with the Minnesota Commercial Railway Company that I will be required to undergo and successfully pass a physical examination, including a drug screening, as a condition of employment.

X. CERTIFICAION

All statements made by me in connection with this application are correct to the best of my knowledge. I understand that intentionally withholding information or making false or misleading statements in this application, or whenever discovered, is cause for rejection of my application or termination. Further, I hereby grant Minnesota Commercial Railway Company or any of its affiliate companies permission to investigate my suitability for employment based on the information contained herein, or otherwise, except where I make a specific exception below in writing that no investigation be made. Also, I hereby forever release Minnesota Commercial Railway Company and its affiliate companies from all liability arising from, incidental to, or in connection with such inquiry or the results of such inquiry. The following people or companies, or both, may not be contacted during the pre-employment interviewing process:

I understand that if hired for full time employment, I will be required to assign all other full time conflicting employment positions prior to commencing employment with Minnesota Commercial Railway Company.

I understand that nothing in this employment application, in the Company's policy statements or personnel guidelines, or in my communications with any company official is intended to create an employment contract between the Company and me and that the Company has the right to modify its policies at any time without prior notice; and that I have the right to terminate my employment at any time and that Minnesota Commercial Railway Company retains the same right.

SIGNATURE_____ DATE _____

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS:
Summarize special job related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

State and additional information you feel may be helpful to us in considering your application for employment.
List job for which you are applying.

_____

_____

_____

_____

Are you capable of performing I a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ____ Yes ____ No

NOTE TO APPLICANTS: DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.

A description of the activities involved in such a job or application may be obtained upon request.

This application for employment shall be considered active for a period of time not to exceed 120 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

FOR PERSONAL USE ONLY

COMMENTS: _____

_____

_____

_____

MINNESOTA COMMERCIAL RAILWAY COMPANY

508 Cleveland Avenue North
St. Paul, MN 55114

AUTHORIZATION TO RELEASE INFORMATION

I understand that in processing my application with the Minnesota Commercial Railway Company (MCRC), an investigation may be made in which information is obtained through personal interviews and a review of information hled by law enforcement or other government agencies. I authorize you to verify my current and/or past employment, education, criminal records, credit history, motor vehicle records, personal references, and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquiries or disclosures. A report may be generated summarizing this information.

I further understand and waive my right to privacy I this investigation and release and hold harmless MCRC and its agent, Verified Credentials, Inc. I may also obtain a copy of this report by checking the "yes" box at the bottom of this disclosure.

I agree that any decision to hire me I contingent upon the results of my report and certify that all statements and answers on my application resume or interview are true and correct and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment.

I would like a copy of my report Yes ☐ No ☐

_____

Last Name First Name Middle Initial

_____

Previous/Maiden Name/AKAs Date of Birth Date of Change

_____

Home Address City State Zip

_____ _____ _____

Social Security Number Drivers License Number State Issued

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

_____ _____

Signature Date Signed