

VERMONT RAILWAY, INC.

One Railway Lane
Burlington, Vermont 05401
Tel. 802-658-2550 - Fax. 802-658-2553

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, GENDER IDENTITY, ANCESTRY, PLACE OF BIRTH, MARITAL, SEXUAL PREFERENCE OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Cell Phone _____

Email Address: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you able to prove that you are authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

Do you understand and consent that if selected for employment you will be required to submit to, and pass, a drug screening test? [] Yes [] No

Do you understand and consent that if you are being considered for employment you will be required to obtain and provide your **complete** Motor Vehicle Driving Record(s) regardless of state and that you may not be hired as a result of the contents of that Record? [] Yes [] No

(Please list below any education you believe is related to the job you are applying for)

School Name	Location	Degree Received	Major

Other training, certifications, or licenses held that you believe may be related to the job you are applying for that you would like considered in reviewing your application:

List any other information that you believe may be related to the job you are applying for that you would like considered in reviewing your application:

Are you able to lift heavy objects weighing over 75 pounds with or without reasonable accommodation? [] Yes [] No

EMPLOYMENT HISTORY - (Most Recent First.)

1. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I am at least 18 years old.

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, including contacting my prior employers.

This application for employment shall be considered active for a period of time not to exceed 30 days. 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 that 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. I also acknowledge that I have **not** been promised employment and submit this application of my own free will and accord and understand that this application is **not** a contract or guarantee of employment.

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.

I have completed the Safety Sensitive Position Questionnaire if applicable.

Signature of Applicant

Date



Application for Employment Safety Sensitive Position Questionnaire

Employee Printed or Typed Name: _____

Per 49 CFR Part 40
40.25 (j)

(1) Have you been employed during the past two years by any employer(s) that is in any way engaged in safety-sensitive transportation work where you were covered by DOT agency drug and alcohol testing rules?

Yes No

If the answer is yes please fill out the “Release of Information Form—49 CFR Part 40 Drug & Alcohol Testing”

(2) Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for employment, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years

Yes No

Signature _____

Date _____

Witness: _____