

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 _____ Other Phone _____
Email Address: _____ Social Security Number: _____

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 convicted of a felony? Yes No If yes, this will not automatically disqualify you for employment and please describe circumstances: _____

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

If You Are Applying For A Safety Sensitive Position You Must Answer The Following Two Questions:

Have you been employed during the past two years by any employer(s) that is in any way engaged in safety-sensitive transportation work and you were covered by DOT agency drug and alcohol testing rules?
 Yes No - If the answer is yes, you **must** complete an Release of Information Form (49 C.F.R. Part 40) for each of such employers including their names, addresses and telephone numbers.

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

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 _____
Starting Salary _____ Ending Salary _____
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 _____
Starting Salary _____ Ending Salary _____
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 _____
Starting Salary _____ Ending Salary _____
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 _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

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.

Signature of Applicant

Date