

ARKANSAS & MISSOURI RAILROAD COMPANY & AFFILIATES



306 E. Emma St., Springdale, AR 72764

Fax 479-751-2225 Phone 479-751-8600

EMPLOYMENT APPLICATION FORM

APPLICATION DATE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
(last) (first) (m.i.)

ADDRESS: _____
(street) (city) (state) (zip)

TELEPHONE: Home (_____) Business (_____) _____

ARE YOU AGE 18 OR OLDER? ☐ YES ☐ NO If no, a work permit will be required. DATE OF BIRTH: ____/____/____

Positions Desired _____ ☐ Full Time ☐ Part Time

If part time, check days/hours available: ☐ Mon. _____ to _____; ☐ Tues. _____ to _____; ☐ Wed. _____ to _____;
(please specify a.m. and p.m.)

☐ Thurs. _____ to _____; ☐ Fri. _____ to _____; ☐ Sat. _____ to _____; ☐ Sun. _____ to _____.

Desired rate of pay _____ Date Available for Employment _____

Will you accept any required travel? ☐ Yes ☐ No

If you are required or requested to operate a company vehicle, would you be willing to do so? ☐ Yes ☐ No

If yes, please complete the following questions: Do you have a valid driver's license? ☐ Yes ☐ No

If yes, State of Driver's License Issuance _____ Driver's License Expiration Date _____

Any driving convictions in the past 3 years? ☐ Yes ☐ No If yes, please list _____

What source prompted you to apply with us? _____

Have you ever worked for the ARKANSAS & MISSOURI RAILROAD COMPANY or its affiliates? ☐ Yes ☐ No

If yes: Location(s) _____ Dates: From _____ to _____

Have you applied for employment at ARKANSAS & MISSOURI RAILROAD COMPANY or its affiliates within the past 6 months?

☐ Yes ☐ No If yes: Location(s) _____ Date: _____

Do you have the legal right to remain and work in the United States? ☐ Yes ☐ No (If hired verification will be required by law).

Have you ever been convicted of, or entered a plea of guilty to, a felony or misdemeanor other than a parking or minor traffic violation?

☐ Yes ☐ No If yes, please provide the date, place of conviction and type of crime _____

(A conviction does not necessarily disqualify an applicant for the position being applied for).

All employment decisions are made without regard to race, color, religion, national origin, sex, age disability or veteran status. Any applicants who feel that they are being discriminated against may contact their local EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) or other appropriate legal or state agency.

EDUCATION

High School (Name)	Location (City, State)	Dates Attended	Number of Years Completed	Course of Study
			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College (Name)	Location (City, State)	Dates Attended	Number of Years Completed	Course of Study
			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College (Name)	Location (City, State)	Dates Attended	Number of Years Completed	Course of Study
			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College (Name)	Location (City, State)	Dates Attended	Number of Years Completed	Course of Study
			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Schools attended (City, State, Zip, Phone) and courses studied (including U.S. Military):

Name/Address of School	Course	Dates	Purpose/Results

U.S. MILITARY

Did You serve in the U.S. Military Forces? ☐ Yes ☐ No

Branch of Service _____

What is your present military status? _____

Special Skills (Second Language, typing, word processing, welding, etc.)

EMPLOYMENT EXPERIENCE

List previous employers. Start with your present or most recent position.

Employer	Phone:	From:	To:
Address	City, State, Zip	Position	
Duties	Supervisor's Name:		
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer	Phone:	From:	To:
Address	City, State, Zip	Position	
Duties	Supervisor's Name:		
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer	Phone:	From:	To:
Address	City, State, Zip	Position	
Duties	Supervisor's Name:		
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

PLEASE INCLUDE ANY OTHER EMPLOYMENT EXPERIENCE ON A SEPARATE SHEET.

PERSONAL REFERENCES

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

AUTHORIZATION RELEASE

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that any false, incomplete or misleading information, furnished by me, on any part of this application form may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that as part of the procedure of processing this application for employment an Investigation may be made whereby information is obtained through third parties, such as: family members, business associates, friends, financial sources, neighbors, or others with whom I am acquainted. This inquiry, which I hereby authorize, may include information as to my character, general reputation, work ethic, and mode of living where applicable. All medical information will be classified as confidential. I also understand that any employment relationship which might be established between me and the Company will be one that either the Company or I will be free to terminate at any time, with or without cause, unless such termination is controlled by a written contract of employment providing differently. The above constitutes the entire agreement regarding my employment with the Company and no other agreement, express or implied exists. No one can amend, modify or change in any way this agreement except in writing, signed by me and the President of the Company.

Furthermore, I hereby authorize the ARKANSAS & MISSOURI RAILROAD COMPANY AND ITS AFFILIATES and its agents to contact any person or entity named on my application for employment for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications for employment, except for my current employer, if indicated. I also hereby release the Company, its agents and any person or entity, which provides information pursuant to this Authorization and Release of information, from any and all liability based upon the provision of that information.

Date: _____

Signature of Applicant: _____

APPLICANT --- DO NOT WRITE ON THIS PAGE

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

NAME OF REFERENCE	RESULTS