

# 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.

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, what state is Driver's License issued in. \_\_\_\_\_ Driver's License Number \_\_\_\_\_

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.

Furthermore, I hereby authorize the ARKANSAS & MISSOURI RAILROAD COMPANY AND ITS AFFILIATES to perform an extensive criminal background check based on the name and Social Security number provided on this application.

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



## ARKANSAS & MISSOURI RAILROAD

306 East Emma • Springdale, AR 72764

(479) 751-8600 • Fax (479) 751-2225

[www.amrailroad.com](http://www.amrailroad.com)

It is the policy of the A&M Railroad to verify a job applicant's social security number prior to hiring. In order to verify, we will need your date of birth. Please enter your date of birth and initial to show that you have read and understand this requirement.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YEAR

\_\_\_\_\_  
Initials

Es la politica del A&M Ferrocarril para verificar el numero de seguro social de un solicitante del trabajo antes de a contratar. Para verificar nosotros necesitaremos su fecha de nacimiento. Por favor entre en su fecha de nacimiento y firma con iniciales para mostrar que usted ha leído y ha entendido este requisito.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD AÑO

\_\_\_\_\_  
Iniciales

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number  
Numero de Seguro Social

\_\_\_\_\_  
Applicant's Signature  
Firma de Solicitante

\_\_\_\_\_  
Date  
Fecha