



Montreal, Maine & Atlantic Railway, Ltd.

Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, veteran status or any other category protected by Federal, State or Local law.

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Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Are you legally eligible for employment in the United States?			Social Security No.
Position(s) Desired			Date Available to Work
Special training, skills or qualifications (Engineer certification, DOT qualifications, languages, machine operation, etc.)			
Did you serve in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Discharge?	
Have you ever been convicted of a felony (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			
Do you have a Valid Maine Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			

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School	Name & Location of School	Course of Study	Graduated	Degree or Diploma
High School				
Business/Trade /Technical				
College				
Graduate				

Membership in Professional or Civic Organizations: (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Attach resume if available

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

R E F E R E N C E S	Name	Occupation
	Address	Telephone No.
	Name	Occupation
	Address	Telephone No.
	Name	Occupation
	Address	Telephone No.

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. If extended an offer of employment, I consent to undergo a pre-employment physical examination, which includes breathalyzer, drug screen, and back x-ray performed by a physician selected by the Company. I understand that any offer of employment is conditioned upon the results of this post-offer examination, and that all Applicants must pass a drug and alcohol screen.</p> <p>I understand, acknowledge and agree that unless otherwise expressly agreed to in writing signed by a duly authorized official of the Company, if employed by the Company, my employment will be at-will and without fixed term.</p> <p>I hereby authorize the Company to investigate all statements contained in my application or accompanying forms. I also authorize former employers to release employment records and history.</p>	
	_____	_____
	Applicant's Signature	Date