



The Adirondack Railway Preservation Society
 421 Broad Street, Suite 7, Utica, NY 13501
 Phone: 315-725-0700 Fax: 315-724-3944
www.AdirondackRR.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

NAME:

LAST

FIRST

MIDDLE

MAILING ADDRESS:

STREET

CITY

STATE

ZIP

PHONE:

HOME

CELL

SSN:

SOCIAL SECURITY NUMBER

ARE YOU 18 YEARS OR OLDER?

Email:

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

EMPLOYMENT DESIRED

POSITION:

DATE YOU

CAN START:

SALARY

DESIRED:

IF SO MAY WE INQUIRE

ARE YOU EMPLOYED NOW?

OF YOUR PRESENT EMPLOYER?

HAVE YOU APPLIED WITH US BEFORE?

WHERE?

WHEN?

REFERRED BY?

EDUCATION	SCHOOL NAME & LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES:

MILITARY SERVICE:

RANK:

CURRENTLY IN RESERVES?

AVAILABILITY

We rely upon the information you provide in determining whether to hire you. You will be expected to be available for scheduling during the times you list below.

Check Desired Schedule			Days & Hours Available:							
FT	PT	Seasonal	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start							
			Finish							

EMPLOYMENT HISTORY

List all employment, starting with your most recent position. Failing to provide all information for each employer may result in the rejection of your application.

Employer:	Dates From :	To:	Position / Title:
Street Address:		Duties Performed:	
City, State, Zip:			
Supervisor:	Salary:		
Reason for Leaving:			

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Street Address:		Duties Performed:	
City, State, Zip:			
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Employer:	Dates From :	To:	Position / Title:
Street Address:		Duties Performed:	
City, State, Zip:			
Supervisor:	Salary:		
Reason for Leaving:			

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Signature: _____

Date: _____