



Lake State Railway Company

Application for Employment

750 N Washington Ave • Saginaw, MI 48607
Phone 989.393.9819 • Fax 989.393.2250

Lake State Railway Company is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status

PERSONAL

LAST NAME: FIRST: MI:

ADDRESS: CITY:

STATE: ZIP: PHONE:

E-MAIL:

POSITION SOUGHT: DATE AVAILABLE:

DESIRED SALARY: ARE YOU OVER 18 YEARS OLD? YES: NO:

ARE YOU AVAILABLE TO WORK: DAYS NIGHTS: WEEKENDS: FULL TIME:

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES: NO:
(IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY ELIGIBILITY.)

HAVE YOU EVER WORKED FOR LAKE STATE RAILWAY? IF SO, WHEN?

DO YOU KNOW ANYONE THAT WORKS FOR LAKE STATE RAILWAY?
IF SO, WHO RELATIONSHIP

EDUCATION

Indicate education or training which you believe qualifies you for the position you are applying for.

HIGH SCHOOL: CITY/STATE: DIPLOMA OR GED

NUMBER OF YEARS COMPLETED 1 2 3 4

COLLEGE AND/OR VOCATIONAL SCHOOL: CITY/STATE:

MAJOR: DEGREE(S) EARNED:

FRA CERTIFICATIONS OR DECERTIFICATIONS:

CDL LICENSE/ENDORSEMENTS:

MILITARY SERVICE:

OTHER TRAINING OR DEGREES:

SCHOOL(S): CITY/STATE:

COURSE: DEGREE OR CERTIFICATE EARNED:

RECORD OF CONVICTION

IN THE LAST TEN YEARS, HAVE YOU HAD ANY FELONY OR MISDEMEANOR CONVICITIONS OR FELONY ARRESTS WHICH DID NOT RESULT IN A CONVICTION?

YES: NO:

IF YES, PLEASE EXPLAIN:

(A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT. RATHER, SUCH FACTORS AS AGE AND DATE OF CONVICTION, SERIOUSNESS AND NATURE OF THE CRIME, AND REHABILITATION WILL BE CONSIDERED.)

REFERENCES

PROFESSIONAL:

For HR Use only

PERSONAL (other than Family)

NAME:
COMPANY:
PHONE:
RELATIONSHIP:
YRS KNOWN:

NAME:
COMPANY:
PHONE:
RELATIONSHIP:
YRS KNOWN:

NAME:
COMPANY:
PHONE:
RELATIONSHIP:
YRS KNOWN:

NAME:
COMPANY:
PHONE:
RELATIONSHIP:
YRS KNOWN:

APPLICANT'S CERTIFICATION AND AGREEMENT

I voluntarily consent to a thorough investigation of my past employment as may be directed by Lake State Railway and their agents (here after collectively referred to as "Employer and/or its agents"). I hereby authorize this Employer and/or its agents to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including but not limited to credit, criminal, motor vehicle data and licenses and workers compensation. I give Employer and/or its agents the right to investigate my background. I release from any and all liability and responsibility of whatever kind and nature which, at any time, could result from obtaining and having an employment decisions based on such information, Lake State Railway and all persons, Companies or corporation supplying such information.

I consent to any medical examination as may be directed by the Employer and/or its agents. If any medical examination is directed by the Employer and/or its agents, I consent to and understand that I may be required to satisfactorily complete illegal/prohibited substance and alcohol screening as a condition of employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I understand further that any false or inaccurate answers or statements made by me in the application or in connection with the above-mentioned investigation will be sufficient grounds for recession of the offer of employment and/or discharge if am I already employed at the time that the misrepresentation or omission is discovered.

I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment with the Employer and/or its agents. A photocopy of this document may be substituted for the original.

Do not sign until you have read the above applicant statement.

I have read and understand this agreement.

SIGNATURE OF APPLICANT: _____

DATE: _____