Friends of the Tanana Valley Railroad, INC Employment Application

It is the policy of the FTVRR to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability.

Please carefully read and answer all the questions on this application truthfully and completely to the best of your knowledge. Please attach all requested documentation. You will not be considered for employment if you fail to completely answer all the questions on this application. **PLEASE PRINT**, except for your signature.

Personal Data Applicant Name _ Position Applying For _____ Mailing Address _____ City Zip State Email Address _____ Primary Phone (____) Date you can start work (MM/DD/YYYY) Desired Wage or Salary \$ Date of Birth (MM/DD/YYYY) _____ Todays Date (MM/DD/YYYY) ____ **Position Information** (Check all that you are willing to work) Hours: ☐ Full Time ☐ Morning (7a-11a) ☐ Weekdays □ Weekends □ Part Time ☐ Afternoon (11a-3p) ☐ Holidays □ Overtime ☐ Evenings (3p-7p) ☐ Seasonal/Temp ☐ Swing Shifts ☐ Graveyard Shifts **Qualifying Information** □ Yes 1. Are you a U.S. Citizen? □ No 2. Are you authorized to work in the U.S. on an unrestricted basis? □ Yes □ No 3. Have you ever been convicted of any violation of the law in the United States? □ Yes □ No If yes, explain: 4. Have you been told the essential functions of the position or reviewed a copy of the job description listing the essential functions of the job? □ Yes □ No 5. Can you perform the job with our without reasonable accommodation? ☐ Yes □ No 6. Have you ever worked for this employer? □ Yes □ No If yes, write the start and end dates: ___ 7. Are you aware of any family or close relation that currently work for FTVRR? □ Yes □ No 8. If selected for employment are you willing to submit to a background check? ☐ Yes □ No 9. If selected for employment are you willing to submit to a drug test? □ Yes □ No 10. Do you have a valid driver's license? □ Yes □ No 11. Have you had more than two infarctions on you license in the last 2 years? □ Yes □ No 12. Have you had your license suspended or revoked in the last 5 years? □ Yes □ No 13. Do you have a Highschool Diploma or GED? □ Yes □ No 14. If employed, do you expect to be engaged in any additional business or employment outside of this job? ☐ Yes □ No 15. Are you CPR/First Aid Certified? □ Yes □ No 16. Have you ever been fired from a job or asked to resign? □ Yes □ No 17. Please list any other certifications you hold below: Description **Expires**

Name of Employer		Dates of Employment (MM/YY)			
Address					
			City	State	Zip
Supervisor		Phone		Email	
Title & Duties					
Pay \$	□ Still Employed	Reason for leav	ring		
	er				
Address					
			City	State	Zip
Supervisor		Phone		Email	
Title & Duties					
Pay \$	□ Still Employed	Reason for leav	ring		
,	Ory List the levels of education ga				
School N	_	Degree		City, State	
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References Please	e list three professional references 1	not related to you or forme	r employers.		
Name		Email		Phone	
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Other Please list an	ny special skills, volunteer opportur	nities with dates, interests	or other that	pertain to this position.	
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employed, false stateme	the facts set forth in this Application ents, omissions or misrepresentation isted or not, and release the Emplo	ns may result in my dism	issal if discover	red at a later date. I authorize t	he Employer to make an
	ge and understand that the compart t any time, just as the employer ma to the other party.				
	that the FTVRR offers positions of ny thinks I would be best suited for				
I have read, 1	understand, and by my signature c	onsent to these statement	s.		
Ø	Today's Date (MM/DD/YYYY)				