



BLACK HILLS CENTRAL RAILROAD

Employment Application

Please answer all questions applicable to you. Incomplete applications cannot be considered. All information will be treated confidentially. Please type or print in ink.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address/PO		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for	Would you work full time___or part time?___ What hours/days if part time?		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list at least one personal and one work reference with a current telephone number.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT STARTING WITH MOST RECENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

It is company policy to provide equal opportunity in all employment decisions for all qualified applicants without regard to race, color, gender, national origin, religion, age, sexual orientation, gender identity, physical or mental disability, pregnancy, marital status, veteran status or any other status protected by federal, state or local law.

If you have any other experiences or qualifications which you feel would especially fit you for work in our organization please attach as a separate sheet.

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: _____ Male _____Female

Check one of the following:

Race/Ethnic Group: _____Caucasian _____Black _____Hispanic

_____American Indian/Alaskan Native _____Asian/Pacific Islander

Check if any of the following are applicable:

_____Vietnam Era Veteran

_____Disabled Veteran

_____Handicapped Individual

Can you perform the functions of the job for which you have applied with or without reasonable accommodation? _____

I hereby authorize this Company to investigate statements contained in this application. I realize that any false statements made will be sufficient cause for dismissal if I am employed. I am also willing to take a physical examination, if requested, and authorize the doctor or doctors involved to disclose to the prospective employer the results of that examination.

Signed _____ Date _____