



# Northern Rail Traincar Inn

1730 Highway 3  
Two Harbors, MN 55616  
218.834.0955

## Application for Employment

### Personal Information

|  |                  |       |
|--|------------------|-------|
| NAME (LAST, FIRST, MIDDLE INITIAL):        |                  | DATE: |
| PERMANENT ADDRESS:                         |                  |       |
| CURRENT ADDRESS (IF DIFFERENT FROM ABOVE): |                  |       |
| PRIMARY PHONE:                             | SECONDARY PHONE: |       |

### Employment Desired

|   |  |
|---|--|
| POSITION:   | DATE YOU CAN START:  |
| PART- OR FULL-TIME:<br>IF PART-TIME, HOW MANY HOURS PER WEEK?                           | SALARY DESIRED:  |
| ARE YOU CURRENTLY EMPLOYED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE CONTACT YOUR<br>PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |

### Education History

|  | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|---------------------------|----------------|-------------------|------------------|
| HIGH SCHOOL  |                           |                |                   |                  |
| COLLEGE  |                           |                |                   |                  |
| TRADE, BUSINESS OR<br>CORRESPONDENCE<br>SCHOOL     |                           |                |                   |                  |
| CERTIFICATE OR<br>LICENSE (OTHER<br>THAN DIPLOMAS) |                           |                |                   |                  |

IF APPLICABLE, PLEASE EXPLAIN ANY SPECIAL TRAINING OR SKILLS (FOREIGN LANGUAGE FLUENCY, PREVIOUS JOB TRAINING, ETC) THAT YOU MAY HAVE:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? IF SO, PLEASE EXPLAIN.

**Former Employers  
(MOST CURRENT FIRST)**

| NAME & ADDRESS OF EMPLOYER | DATE<br>MONTH & YEAR | SALARY | POSITION | REASON FOR LEAVING |
|----------------------------|----------------------|--------|----------|--------------------|
|                            | FROM                 |        |          |                    |
|                            | TO                   |        |          |                    |
|                            | FROM                 |        |          |                    |
|                            | TO                   |        |          |                    |
|                            | FROM                 |        |          |                    |
|                            | TO                   |        |          |                    |
|                            | FROM                 |        |          |                    |
|                            | TO                   |        |          |                    |

**References**

(LIST THE NAMES OF THREE PEOPLE WHO ARE NOT RELATED TO YOU AND HAVE KNOWN YOU AT LEAST 1 YEAR)

| NAME | ADDRESS & TELEPHONE | HOW DOES THIS PERSON<br>KNOW YOU? | YEARS<br>KNOWN |
|------|---------------------|-----------------------------------|----------------|
|      |                     |                                   |                |
|      |                     |                                   |                |
|      |                     |                                   |                |

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from al liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature \_\_\_\_\_ Date: \_\_\_\_\_