



NORFOLK AND PORTSMOUTH BELT LINE RAILROAD COMPANY

# Application for Employment

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(Please Print)

Positions(s) Applied For:	Date of Application:
How did you learn about us?	

Last name		First name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s):					

Do you have a Driver's License?  Yes  No

Do you have a CDL License?  Yes  No

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment.*  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you in the past two years, tested positive (or refused to test) on any Federal pre-employment drug or alcohol test administered by a DOT employer? \_\_\_ Yes \_\_\_ No

## Education

Education	Name and Location of School	Number of Years Attended	Did You Graduate?	Major & Degree
High School				
College				
Trade or business school				

### List Professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

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## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer:		Length of Service	
Address:		Start Date	End Date
Telephone Number(s):			
Job Title:	Supervisor:	Hourly Rate/ Salary	
Reason for Leaving:		Starting	Final
Work Performed:			

<b>Employer:</b>		<b>Length of Service</b>	
<b>Address:</b>		<b>Start Date</b>	<b>End Date</b>
<b>Telephone Number(s):</b>			
<b>Job Title:</b>	<b>Supervisor:</b>	<b>Hourly Rate/ Salary</b>	
<b>Reason for Leaving:</b>		<b>Starting</b>	<b>Final</b>
<b>Work Performed:</b>			
<b>Employer:</b>		<b>Length of Service</b>	
<b>Address:</b>		<b>Start Date</b>	<b>End Date</b>
<b>Telephone Number(s):</b>			
<b>Job Title:</b>	<b>Supervisor:</b>	<b>Hourly Rate/ Salary</b>	
<b>Reason for Leaving:</b>		<b>Starting</b>	<b>Final</b>
<b>Work Performed:</b>			
<b>Employer:</b>		<b>Length of Service</b>	
<b>Address:</b>		<b>Start Date</b>	<b>End Date</b>
<b>Telephone Number(s):</b>			
<b>Job Title:</b>	<b>Supervisor:</b>	<b>Hourly Rate/ Salary</b>	
<b>Reason for Leaving:</b>		<b>Starting</b>	<b>Final</b>

Work Performed:

## Skills & Qualifications

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Other Qualifications such as special skills, abilities or honors that should be considered:

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Professional Licenses, certifications or registrations:

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## References

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List three personal references who are not relatives or former supervisors.

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Name	Address	Telephone
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Occupation	Relationship	Years Known
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Name	Address	Telephone
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Occupation	Relationship	Years Known
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<b>Name</b>	<b>Address</b>	<b>Telephone</b>
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<b>Occupation</b>	<b>Relationship</b>	<b>Years Known</b>
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## **Applicant's Statement**

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**I certify that answers given herein are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.**

**The applicant understands that neither this document nor any offer of employment from the employer constitute and employment contract unless a specific document to that effect is executed by the employer and employee in writing.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.**

**I also understand that I must successfully complete a medical examination including a drug screen urinalysis before employment and that classification as a regular employee depends upon successfully completing a probationary period. I acknowledge that my employment may be terminated at any time and for any reason, subject to the requirements of any applicable collective bargaining agreement, including because of information received about my employment history after commencement of my employment.**

**As authorized by the Virginia Uniform Electronic Transactions Act, by submitting this application by electronic means with my signature and date below (which may be typed in), I certify that the answers given herein and the statements above are true and complete to the best of my knowledge and belief.**

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**Signature of Applicant**

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**Date**