



HOW TO APPLY

Fill out the following application form.
Fax or email your completed application to:

Lorie Jenkins

**Human Resources Director
ljenkins@progressiverail.com**

Direct: 952-469-0329

FAX: 612-284-6486

Application for Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Name			Date
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone Number	Are You 18 Years Or Older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are You Prevented From Lawfully Becoming Employed In This Country Because Of Visa Or Immigration Status?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are you employed now?	If so may we inquire of your present employer?	
Ever applied to this company before?	Where?	When?
Referred By:		

EDUCATION	Name and location of school	*No of years attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Subjects of special study or research work

Special Skills

Activities: (Civic, Athletic, Etc.)

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military or Naval Service	Rank	Present Membership in National Guard or Reserves
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This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

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LAST

FIRST

MIDDLE

FORMER EMPLOYERS (List Below last three employers, starting with last one first).

Date, Month And Year	Name And Address Of Employer	Salary	Position	Reason For Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Which of these jobs did you like best?

What did you like most about this job?

REFERENCES: Give The Names Of Three Person Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business	Years Acquainted
1			
2			
3			

Signature of Applicant

In Case Of Emergency Notify:

Name

Address

Phone No.

"I certify that all the information submitted by me on this application is true and complete, and i understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if i am employed. My employment may be terminated at any time."

In consideration of my employment, i agree to conform to the company's rules and regulations, and i agree that my employment and compensation can be terminated, with or without cause. And with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date

Signature

DO NOT WRITE BELOW THIS LINE

Interviewed by:

Date:

Remarks:

Neatness

Ability

Hired: Yes No

Position

Dept.

Salary/Wage

Date Reporting To Work

Approved

1.

2.

3.

Employment Manager

Department Head

General Manager