

INFORMATION FORMS

ALL ABOARD TRANSPORTATION SERVICES, LLC
PO Box 250673, Milwaukee, WI 53225

PERSONAL INFORMATION

				Date _____	
Name _____					
Last		First		Middle	
				Maiden	
Present address _____					
Number		Street		City	
				State	
				Zip	
Date of Birth _____			Social Security Number _____		
Telephone (____) _____					
e-mail _____			License # _____		

POSITION DESIRED

Position(s) applied for _____	
Days/hours available to work: _____	
How many hours can you work weekly? _____ Can you work evenings? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When are you available to start work? _____	

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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ave you ever been convicted of a criminal offense?

☐ Yes

☐ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offence, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If hired, would you have a reliable means of transportation to and from work?

☐ Yes

☐ No

If not, please describe the functions or duties you are unable to perform. _____

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

APPLICATION FORM WAIVER

Please read each paragraph closely, initial each, and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize All Aboard Transportation Services, LLC to thoroughly investigate my references, work records, education, driving record, credit history, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to All Aboard Transportation Services, LLC any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release All Aboard Transportation Services, LLC, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and All Aboard Transportation Services, LLC, other than one that is "at will." I understand and agree that if I am employed, my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time, at the option of either myself All Aboard Transportation Services, LLC, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.

Signature of applicant: _____ Date: _____

All Aboard Transportation Services, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with All Aboard Transportation Services, LLC depends solely on your qualifications.

Thank you for completing this application form and for your interest in our position.