Billy Jones Wildcat Railroad Application for Employment

Please print all requested information

For Office use only
1 st contact:
2 nd contact:
Interviews:
1:
2:

Date:			\
ersonal Information			•
ame:			
re you at least 18 years	of age? Yes; No:		
treet address:			
ity:	, State:	Zip code:	
rimary phone #:	Secondary p	hone #	
-mail:		_ Referred by:	
lave you applied for emp	oloyment at BJWRR in the	past? Y N; if yes, v	vhen?
Employment desired:			
Position:		Hours per week desired	d:
Desired wage per hou	r:	Date available to start	work:
Check what availabi	lity you are applying for:	Year Round	Summer Season
Availability: Weeken	nd availability is required y	year round.	
Year Round: Wed	Thu Fri Weekends	Sat Sun Holida	ays
Summer Season: Mon	1 Tue Wed Th	u Fri Holidays	
		cluding but not limited t	o Memorial Day, Labor Day
4 th of July etc. Holida	y Availability is required.		
Education			
Education	School Name	Did you Graduate?	Subjects Studied
Middle School			
High School			

Please Note any special areas of interest. i.e. cpr certified, languages spoken, etc.

College

1.	Company name:	How long employed:
		Duties and responsibilities:
2.		How long employed:
		Duties and responsibilities:
_		nces that are <i>not</i> related to you.
1.		Telephone: Years known:
2.	Name:	Telephone:
		Years known:
noted a		he Billy Jones Wildcat Railroad (BJWRR) for six (6) months from the date I not be accepted unless all information is provided.
noted a Author I under	rizations: I certify that the facts contained stand that, if granted employme I authorize investigation of granted. I authorize contact with	I not be accepted unless all information is provided. d in this application are true and complete to the best of my knowledge and nt, any false statements on this application shall be grounds for dismissal. all statements contained herein. I authorize verification of previous above noted references. I release the BJWRR from all liability for any
noted a Author I under employ damage	rizations: I certify that the facts contained stand that, if granted employmed I authorize investigation of when I authorize contact with the that may result from BJWRR in I also understand and agree the the that for employment for any specific in the standard specific in the that may result from BJWRR in I also understand and agree the the that may result for any specific in the standard spe	I not be accepted unless all information is provided. d in this application are true and complete to the best of my knowledge and nt, any false statements on this application shall be grounds for dismissal. all statements contained herein. I authorize verification of previous above noted references. I release the BJWRR from all liability for any nternal utilization of such information. that no representative of the BJWRR has any authority to enter into any
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noted a Author I under employ damage agreem unless	rizations: I certify that the facts contained stand that, if granted employmed I authorize investigation of whent. I authorize contact with the that may result from BJWRR in I also understand and agree the theorem is in writing and signed by an This waiver does not permit the ted by the Americans with Disagraph.	I not be accepted unless all information is provided. d in this application are true and complete to the best of my knowledge and int, any false statements on this application shall be grounds for dismissal. all statements contained herein. I authorize verification of previous above noted references. I release the BJWRR from all liability for any internal utilization of such information. That no representative of the BJWRR has any authority to enter into any interior provided period of time, or to make any agreement contrary to the foregoing, authorized BJWRR representative. The release or use of disability-related or medical information in a manner bilities Act and any other relevant Federal and/or State of California laws.
noted a Author I under employ damage agreem unless	rizations: I certify that the facts containers stand that, if granted employme. I authorize investigation of oment. I authorize contact with that may result from BJWRR is I also understand and agree the total for employment for any specific is in writing and signed by an This waiver does not permit total ted by the Americans with Disagrant signature:	I not be accepted unless all information is provided. d in this application are true and complete to the best of my knowledge and int, any false statements on this application shall be grounds for dismissal. all statements contained herein. I authorize verification of previous above noted references. I release the BJWRR from all liability for any internal utilization of such information. That no representative of the BJWRR has any authority to enter into any interior period of time, or to make any agreement contrary to the foregoing, authorized BJWRR representative. The release or use of disability-related or medical information in a manner bilities Act and any other relevant Federal and/or State of California laws.
noted a Author I under employ damage agreem unless prohibi	rizations: I certify that the facts contained stand that, if granted employme I authorize investigation of wment. I authorize contact with the that may result from BJWRR is I also understand and agree the tent for employment for any specific is in writing and signed by an This waiver does not permit that ted by the Americans with Disable cant signature: DO No.	d in this application are true and complete to the best of my knowledge and nt, any false statements on this application shall be grounds for dismissal. all statements contained herein. I authorize verification of previous above noted references. I release the BJWRR from all liability for any nternal utilization of such information. That no representative of the BJWRR has any authority to enter into any actified period of time, or to make any agreement contrary to the foregoing, authorized BJWRR representative. The release or use of disability-related or medical information in a manner bilities Act and any other relevant Federal and/or State of California laws. Date:

Signed: _____ Title: _____ Signed: ____ Title: ____