

# APPLICATION FOR EMPLOYMENT



**IRON HORSE LLC**  
5501 NE 223<sup>rd</sup> Ave, Bldg. D. PO Box 1472  
Fairview, OR 97024  
Phone: 503-674-0980 Fax: 503-674-0989

DATE HIRED: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
WAGE: \_\_\_\_\_  
APPROVAL: \_\_\_\_\_

*Applicant: Read and sign before submitting this application*

Iron Horse LLC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Iron Horse LLC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, and transfer, leaves of absence, compensation and training.

Iron Horse LLC expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Iron Horse LLC's employees to perform their job duties may result in discipline up to and including discharge.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESSES FOR PAST THREE YEARS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

\_\_\_\_\_ HOW LONG? \_\_\_\_\_

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
NAME ADDRESS PHONE

RELATIONSHIP TO YOU: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ TEMPORARY OR FULL TIME \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

WHO REFERRED YOU \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_

CAN YOU PERFORM OR LEARN TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO (circle one)

# EMPLOYMENT RECORD

**NOTE:** List Past Employment for at least 10 years  
Attach Sheet if More Space is required

**LAST EMPLOYER NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**SECOND EMPLOYER NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**THIRD EMPLOYER NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**FOURTH EMPLOYER NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**FIFTH EMPLOYER NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

## MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES: \_\_\_\_\_

BRANCH \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
NAME ADDRESS

## OFFICE CLERICAL

(to be filled out if applying for office position)

COMPUTER EXPERIENCE (list all software, applications and databases)

\_\_\_\_\_

Explain your qualifications and experience for the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS

(Answer if applying for operator or laborer position)

CLASS OF EQUIPMENT/ACTIVITY	TYPE OF EQUIPMENT	TRAINING	YEARS OF EXPERIENCE
VAC TRUCKS			
VIDEO TRUCKS			
T-LINERS			
HYDRO-EXCAVATION			
CELL GROUTING			
CIPP LATERAL LINERS			
UV MAINLINE LINERS			
HEAVY EQUIPMENT			


LIST ANY COURSES OR TRAINING APPLICABLE TO THIS JOB POSITION:

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**TO BE READ AND SIGNED BY APPLICANT**

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Iron Horse LLC to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references, or any other persons who can verify information. I further authorize Iron Horse LLC to discuss the results of any investigation with all of their employees who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, my background and suitability for employment and I release each such person and former employers from liability for providing such information.

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail is grounds for disqualification from consideration for employment or, if hired, for dismissal from employment. I further understand that if hired, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either myself or the company. I further understand that no recruiter or interviewer or other representative of Iron Horse LLC, other than Carlie Moore, Member, has any authority to enter into any agreement for employment for any specified period of time.

I understand and acknowledge that I may be required to submit to a physical initial examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Iron Horse LLC for their use in evaluating my suitability for employment. Further, I release the examining facility and Iron Horse LLC from any and all liability, and from any damage that may result from the release of such information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_