Sunshine Rail Service, LLC Application for Employment

Sunshine Rail Service LLC considers all applicants for all positions without regard to race, color, national origin, religion, age, creed, gender, marital or veteran status, disability, handicap or any other legally protected status.

PLEASE PRINT Type of employment desired: □Fu	Il-time Part-time Temporary Shift	Preferred: □1st □2nd □3rd □Any
Position Applied For:	Date of App	lication:
Name:		
LAST Address:	FIRST	MIDDLE
STREET ADDRESS		STATE ZIP
Social Security Number:)
Date available to begin work	// Desired Salary: \$hourly \$	monthly \$annually
Have you ever been employed by the	nis Company or any of its subsidiaries or affiliated companie	es?□Yes □No
If yes, dates employed and position		
Are you able to meet the attendance	e requirements of the position for which you are applying?	🗆 Yes 🛛 No
Will you work overtime if required	?	🗆 Yes 🛛 No
Are you legally eligible for employ	ment in the United States? gration status will be required upon employment)	
Have you ever been convicted of a felony?		
If you answered "yes" to the above	e, please explain:	
Driver's License Number (If drivin	g is an essential function of the job)	State Issued
Please provide the following in	oformation regarding your last (3) three employers,	beginning with the most recent.
Dates Employed:	Employer Name:	Starting Pay: \$per
From: To:	Address:Immediate Supervisor/Title:	Ending Pay: \$per
	Immediate Supervisor/Title:	
Starting Job Title: Ending Job Title:	Phone Number: ()	Reason for Leaving:
	May We Contact?	
Dates Employed:	Employer Name:	Starting Pay: \$per
From: To:	Address:	Ending Pay: \$per
	Immediate Supervisor/Title:	
Starting Job Title:	Phone Number: ()	Reason for Leaving:
Ending Job Title:	May We Contact?	
Dates Employed:	Employer Name:	Starting Pay: \$per
From: To:	Address:	Ending Pay: \$per
	Immediate Supervisor/Title:	
Starting Job Title: Ending Job Title:	Phone Number: ()	Reason for Leaving:
	May We Contact? Yes No Later	

Skills and Qualifications

Summarize any specialized training, licenses, skills and/or certificates you have received that may qualify you as being able to perform job-related functions in the position for which you are applying.

Education (if job related)

Name and Location	Years Completed	Course of Study / Degree or Diploma
High School		
College		
Trade School or Other		

Please list any additional comments or information, including explanation of any gaps in employment, which you would like for us to consider.

Applicant Statement

I certify that the information I have provided in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be sufficient cause for denial of employment or immediate discharge. I expressly authorize, without reservation, the employer or its representatives to use any information in this application to verify my statements. I expressly authorize, without reservation, past employers, all references, and any other persons to answer all questions asked concerning my ability, character, general reputation, characteristics, mode of living and previous employment. I release all such persons from any liability or damages for having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Sunshine Rail Service LLC and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Sunshine Rail Service unless made in writing and signed by the President. If I am hired, I understand that I have the right to terminate my employment at any time, with or without notice and with or without cause, and that Sunshine Rail Service LLC reserves the same rights.

I also understand that, if I am hired, I will be required to provide proof of identification and verification of my eligibility to work in the United States, and that Sunshine Rail Service LLC will require me to complete an I-9 Form for this purpose.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.			
I certify that I have read, fully understand and agree to the conditions in the above statement.			
Signature of Applicant	Date		

Upon completion of this application, call us at 386-227-6067 so we meet.