



NORTHERN PACIFIC RAILWAY COMPANY

EMPLOYMENT APPLICATION

LOCATION

PERSONAL

PRINT OR WRITE IN INK		NAME (last)	(First)	(Middle)	SOCIAL SECURITY NUMBER	
ADDRESS (Street)		(City)	(State)	(Zip Code)	HOME TELEPHONE	
NAME OF SPOUSE OR NEAREST RELATIVE		RELATIONSHIP	ADDRESS		TELEPHONE NO.	
IN CASE OF EMERGENCY NOTIFY		RELATIONSHIP	ADDRESS		TELEPHONE NO.	
POSITION DESIRED				SALARY DESIRED		DATE AVAILABLE
				\$	Per	19
DATE OF BIRTH *	MARITAL STATUS	NUMBER OF DEPENDENTS		SEX	HEIGHT	WEIGHT
(Mo.) (Day) (Year)	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Self _____ Children _____ Spouse _____ Others _____		M <input type="checkbox"/> F <input type="checkbox"/>		
					COLOR HAIR	COLOR EYES
					<input type="checkbox"/> Yes	<input type="checkbox"/> No

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than, 65 years of age. Applications of persons between the ages of 40 and 65 who are not employed must be retained for three years.

HAVE YOU EVER HAD A SERIOUS ILLNESS, OR INJURY, OR OPERATION? <input type="checkbox"/> Yes DESCRIBE: <input type="checkbox"/> No	HAVE YOU ANY DEFECTS OR LIMITATIONS (Physical, Mental or Other?) <input type="checkbox"/> Yes DESCRIBE: <input type="checkbox"/> No
WERE YOU EVER INJURED IN THE COURSE OF ANY PREVIOUS EMPLOYMENT? <input type="checkbox"/> Yes DESCRIBE: <input type="checkbox"/> No MO. AND YEAR: PLACE:	HAVE YOU EVER BEGUN LEGAL PROCEEDINGS AGAINST ANY OF YOUR EMPLOYERS? <input type="checkbox"/> Yes DESCRIBE: <input type="checkbox"/> No NAME OF EMPLOYER
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> Yes DESCRIBE: <input type="checkbox"/> No	HAVE YOU EVER WORKED FOR THE NORTHERN PACIFIC BEFORE? <input type="checkbox"/> Yes DESCRIBE WHERE AND WHEN: <input type="checkbox"/> No
LIST NAMES AND WORK LOCATIONS OF RELATIVES WORKING FOR THE NORTHERN PACIFIC.	

EDUCATION Give surname, if different, under which you attended the various schools listed.

TYPE	SCHOOL NAME AND LOCATION	HIGHEST GRADE COMPLETED	MAJOR/COURSE	YEAR GRADUATED
High School				
College				
Graduate School				
Trade-Apprentice				
Business				
Other Training				

Other special training or qualifications. List any extra-curricular school activities, professional associations, publications, offices held, etc. (Exclude organizations, the name or character of which indicates race, creed, color, or national origin):

U. S. MILITARY

BRANCH	DATES	POSITION HELD	HIGHEST RANK	TYPE OF DISCHARGE	PRESENT DRAFT STATUS
	From To				

EMPLOYMENT

LAST OR PRESENT EMPLOYER	Company Name	Job Title	DATES	Salary
	Address (Street)	Reason for leaving	From	\$
	(City, State and Zip Code)	Supervisor's Name	To	Per
2nd PREVIOUS EMPLOYER	Company Name	Job Title	DATES	Salary
	Address (Street)	Reason for leaving	From	\$
	(City, State and Zip Code)	Supervisor's Name	To	Per
3rd PREVIOUS EMPLOYER	Company Name	Job Title	DATES	Salary
	Address (Street)	Reason for leaving	From	\$
	(City, State and Zip Code)	Supervisor's Name	To	Per
4th PREVIOUS EMPLOYER	Company Name	Job Title	DATES	Salary
	Address (Street)	Reason for leaving	From	\$
	(City, State and Zip Code)	Supervisor's Name	To	Per

<p align="center">EMPLOYMENT AGREEMENT</p> <ol style="list-style-type: none"> I certify that all the information given in this application has been carefully read and is correct to the best of my knowledge and belief. I hereby request and authorize any of my former employers to furnish to Northern Pacific Railway Co. all information that may be in their possession relating to my personal character and qualifications for the position I have herein applied for. If employed I understand further that I shall be subject to dismissal at any time during the probationary period applicable to my position if the references furnished or investigation develops any information the company considers unsatisfactory. I agree the company may be the sole judge of those issues. I understand that a false statement on this document will be a basis of dismissal regardless of when such fact may be discovered. I agree to faithfully observe all rules and regulations established by the Company governing its operation and employees. I consent to taking any examinations, physical or otherwise, which may be required as a condition of initial employment, continuing employment, or fitness for any position. I agree, on behalf of myself, my heirs and personal representatives, that in the event of any claim or litigation involving this company in which my mental or physical condition is in issue, any physician, surgeon, hospital, Veterans Administration, or other Federal agency, may furnish to this company any facts or records concerning the same, whether derived from confidential relations or otherwise, and may freely testify in any court to the same also, and I expressly waive the benefits of any State or Federal Law whereunder such information is considered wholly or partially privileged. I agree to become a member of the Northern Pacific Beneficial Association and to be bound by the constitution thereof, and I do direct the Northern Pacific Railway Company to deduct from my wages, and pay to the Northern Pacific Beneficial Association, each and every month, as long as my employment continues, all my dues and assessments for which said constitution may provide. I agree to give ten days notice of my intention to leave the service of the Northern Pacific Railway Company. This application will be kept active for three months, and if I wish consideration after that time, I will notify your office. <p>Applicant's Signature _____ Date _____</p>	<p>I recommend this person for the position of:</p> <p>Department/Division _____ Location _____</p> <p>Effective Date _____ Rate of Pay _____</p> <p>Supervisor _____</p> <p>Title _____ Date _____</p> <p>APPROVED:</p> <p>Employing Officer _____ Date _____</p> <p>For Director of Personnel _____ Date _____</p>
---	---

Thank you for completing this application form and your interest in employment with us. We would like to assure you that your application for employment with this Company will be based only on your merit and on no other consideration. This company complies with all Local, State and Federal Laws prohibiting discrimination of any kind, and is an Equal Opportunity and Affirmative Action Employer.

Do Not Write Below This Line

TEST SCORES	APTITUDE	TYPING (W.P.M.)	SHORTHAND (W.P.M.)	P.A.T.
-------------	----------	-----------------	--------------------	--------

Interviewer's Comments:

Interviewer

Date