



**ONE RAIL GROUP, LLC**  
Employment Application

Office Use:

Title:

Rate:  
Non CDL Driver:

Yes or No \_\_\_\_\_

**APPLICANT INFORMATION**

|                                           |                              |                             |                                                |                  |                              |                             |
|-------------------------------------------|------------------------------|-----------------------------|------------------------------------------------|------------------|------------------------------|-----------------------------|
| Last Name                                 |                              | First                       |                                                | M.I.             | Date                         |                             |
| Street Address                            |                              |                             |                                                | Apartment/Unit # |                              |                             |
| City                                      |                              |                             | State                                          |                  | ZIP                          |                             |
| Phone                                     |                              |                             | E-mail Address                                 |                  |                              |                             |
| DL#:                                      |                              |                             | Social Security No.                            |                  |                              | DOB:                        |
| Phone                                     |                              |                             | Gender:                                        |                  | Marital Status:              |                             |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                  |                              |                             |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                  |                              |                             |

**EDUCATION**

|             |  |    |  |                   |                              |                             |        |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|
| High School |  |    |  | Address           |                              |                             |        |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College     |  |    |  | Address           |                              |                             |        |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other       |  |    |  | Address           |                              |                             |        |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

**REFERENCES**

*Please list three professional references.*

|           |  |  |              |  |  |
|-----------|--|--|--------------|--|--|
| Full Name |  |  | Relationship |  |  |
| Company   |  |  | Phone        |  |  |
| Address   |  |  |              |  |  |
| Full Name |  |  | Relationship |  |  |
| Company   |  |  | Phone        |  |  |
| Address   |  |  |              |  |  |
| Full Name |  |  | Relationship |  |  |
| Company   |  |  | Phone        |  |  |
| Address   |  |  |              |  |  |

| PREVIOUS EMPLOYMENT                                                                                                                  |                 |                    |                  |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------|
| Company 1                                                                                                                            |                 | Phone              |                  |
| Address                                                                                                                              |                 | Supervisor         |                  |
| Job Title                                                                                                                            | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                                     |                 |                    |                  |
| From                                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor E-Mail: |                 |                    |                  |
| Company 2                                                                                                                            |                 | Phone              |                  |
| Address                                                                                                                              |                 | Supervisor         |                  |
| Job Title                                                                                                                            | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                                     |                 |                    |                  |
| From                                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor E-Mail: |                 |                    |                  |
| Company 3                                                                                                                            |                 | Phone              |                  |
| Address                                                                                                                              |                 | Supervisor         |                  |
| Job Title                                                                                                                            | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                                     |                 |                    |                  |
| From                                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor E-Mail: |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| DISCLAIMER AND SIGNATURE                                                                                                                            |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|
| I certify that my answers are true and complete to the best of my knowledge.                                                                        |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature                                                                                                                                           | Date |

Please send resume to [admin@oneraillgroup.com](mailto:admin@oneraillgroup.com)