



## EDUCATION AND TRAINING

### ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ Location: _____
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### Related Special Training (Correspondence, Business, Trades, Vocational, Armed Forces Schools, Etc. - *provide original doc's for HR to copy*)

Name and Locations of School(s)	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

### COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

**\*\*Must be from a recognized accredited school**

Name and Locations of School(s)	Dates Attended (Mo & Yr)		Degree <b>Earned</b> (e.g. BA/BS) List <b>IF</b> completed	Major	Minor
	From	To			

### RELATED LICENSES (*provide current original for HR to copy*)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

### SKILLS

<input type="checkbox"/> Excel	<input type="checkbox"/> Other Software	Languages spoken and written <b>FLUENTLY</b>
<input type="checkbox"/> Word/WordPerfect	_____	_____
<input type="checkbox"/> PowerPoint	_____	_____





<b>5</b>	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

**CONDITIONS OF EMPLOYMENT STATEMENT**

Under penalties of perjury, I declare that my answers to the questions on this application are true.

I understand that the completion of this application does not assure me of a position with Adrian & Blissfield Railroad Company and does not obligate Adrian and Blissfield Railroad Company to me in any way. I further understand that any misrepresentation herein WILL cause my application to be rejected and/or subject me to dismissal. Candidates selected for hire must pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. Adrian & Blissfield Railroad Company is committed to a drug free work place to protect the safety its workers and the public.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature  
(Unsigned applications will not be considered)

Date

Social Security Number