

WESTERN MARYLAND RAILWAY COMPANY

APPLICATION FOR EMPLOYMENT

LAST NAME (PRINT)			FIRST	MIDDLE	HOME TELEPHONE NO.	
PRESENT ADDRESS (STREET AND NUMBER - CITY - STATE)					HOW LONG LIVED THERE	
PREVIOUS ADDRESS (STREET AND NUMBER - CITY - STATE)					HOW LONG LIVED THERE	
SOCIAL SECURITY NO.	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	DATE OF BIRTH	AGE IN YEARS	
JOB APPLIED FOR	SALARY DESIRED	LIST JOB SKILLS				
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER			NO. DEPENDENT CHILDREN	DEPENDENTS OTHER THAN WIFE AND CHILDREN		
NAME OF WIFE (OR HUSBAND)		DOES SHE (OR HE) WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHERE		
ARE YOU A CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	EVER ARRESTED (OMIT TRAFFIC VIOLATIONS) <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/>	IF CONVICTED WHERE _____ WHEN _____	ARE YOU WILLING TO BE FINGERPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> BOARD <input type="checkbox"/> LIVE WITH PARENTS		HAVE YOU EVER SUFFERED AN ON-JOB ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ANY PHYSICAL DISABILITIES		
IN CASE OF EMERGENCY - NOTIFY (NAME - ADDRESS - TELEPHONE)				RELATIONSHIP		

E D U C A T I O N

NAME OF SCHOOL	CITY AND STATE	YEARS ATTENDED		DIPLOMA OR DEGREE	MAJOR SUBJECTS
		FROM	TO		
ELEMENTARY					X
HIGH SCHOOL					
COLLEGE (DAYTIME ATTENDANCE)					
EVENING COLLEGE-NIGHT SCHOOL-SPECIAL COURSES					
BUSINESS SCHOOL OR CORRESPONDENCE COURSES					

M I L I T A R Y E X P E R I E N C E

BRANCH OF SERVICE	MILITARY OCCUPATION	REASON FOR SEPARATION	DATE INDUCTED	DATE SEPARATED
KIND OF SEPARATION	RANK AT SEPARATION	DO YOU RECEIVE A PENSION <input type="checkbox"/> YES <input type="checkbox"/> NO	PRESENT DRAFT CLASSIFICATION	RESERVE STATUS BRANCH ACTIVE <input type="checkbox"/> YES <input type="checkbox"/> NO
				RANK OR RATING

WORK EXPERIENCE

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES	WHOM DO YOU KNOW IN THIS COMPANY
LOCATION	JOB TITLE AND DEPARTMENT	

PREVIOUS EMPLOYMENT - (LIST LAST THREE POSITIONS STARTING WITH MOST RECENT ONE HELD - IF NONE GIVE THREE REFERENCES)				
NAME OF COMPANY AND NAME OF SUPERIOR	CITY AND STATE	DATES FROM AND TO	TITLE AND SALARY	REASON FOR LEAVING

REMARKS

LIST SOCIAL AND COMMUNITY ORGANIZATIONS TO WHICH YOU BELONG

OFFICES HELD

HOBBIES AND FAVORITE RECREATIONS

DATE	SIGNATURE: I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND AM AWARE THAT MATERIAL FALSIFICATION IS GROUNDS FOR DISCHARGE, I FURTHER UNDERSTAND THAT MY EMPLOYMENT IS PROBATIONARY PENDING APPROVAL OF THIS APPLICATION.
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REQUEST FOR MEDICAL EXAMINATION

JOB TITLE	DATE	EMPLOYING OFFICER	DEPARTMENT	DIVISION	LOCATION
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MEDICAL EXAMINATION REPORT

<input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNQUALIFIED	SIGNATURE OF MEDICAL EXAMINER	LOCATION	DATE
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INVESTIGATION REPORT

Remarks:

SIGNATURE OF SPECIAL AGENT	LOCATION	DATE
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