Modesto & Empire Traction Company

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Last Name esent Address D. & Street City nail address: evious Address (if length of time at present address is	[please print cless less than 3 years)	Middle State Zip dearly]
o. & Street City nail address: evious Address (if length of time at present address is	[please print cless less than 3 years)	-
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evious Address (if length of time at present address is	s less than 3 years)	early]
O & Street City		
o. & Birect	۵	State Zip
()		
isiness Phone Home Phone		
mployment Desired		
sition applying for:		
ersonal Information		
ave you ever applied to or worked for us before?		Yes No
yes, when?		
you have any friends or relatives working for us?		Yes No
yes, state name(s) and relationship:		
ame	Ro	elationship
nme	Ro	elationship
hy are you applying for work at Beard Land Improve	ment Company?	
hired, can you present evidence of your U.S. citizens		
d work in this country?hired, would you have a reliable means of transportat		

				ect to verification that		es No
Education	n, Training and E	xperience				
School	Name and Address			No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name				☐ Yes ☐ No	
	Address					
	City	State				
College/ University	 Name				☐ Yes ☐ No	
	Address					
	City	State	Zip			
Vocational/ Business	Name				Yes No	
	Address					
	City	State	Zip			
Military S	Service					
Did you s	erve in the U.S. Ar	med Forces? .			Yes	No
If yes, in v	what branch?					

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Name of Employer Telephone No. Type of Business Your Supervisor's Name Zip Address & Street City State Dates of Employment: From Your Position and Duties Reason for Leaving Name of Employer Telephone No. Type of Business Your Supervisor's Name Address & Street City Dates of Employment: То From Your Position and Duties Reason for Leaving Note: Attach additional page(s) if necessary. References: List below three persons not related to you who have knowledge of your work performance within the last three years. First Name Last Name Telephone No. Address & Street City State Occupation No. of Years Acquainted

Beard Land Improvement Company - Page 4 References, continued First Name Last Name Telephone No. Zip City Address & Street State Occupation No. of Years Acquainted First Name Last Name Telephone No. Zip Address & Street City State Occupation No. of Years Acquainted Please Read Carefully, Initial Each Paragraph and Sign Below I hereby certify that I have not knowingly withheld any information that might adversely affect my Initials chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize Beard Land Improvement Company, to thoroughly investigate my references, Initials work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Initials Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative. Initials Should a search of public records be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. Any such public records search will not include records documenting criminal history. I waive receipt of a copy of any public record described in the paragraph above Date Applicant's Signature