

**Submit Application To:**

Seven Rivers Intermodal Terminal, LLC  
Attn: Laurie Rath  
PO Box 145  
Winona, MN 55987

\_\_\_\_\_ Date

\_\_\_\_\_ Last Name First Middle

\_\_\_\_\_ Address City State Zip

\_\_\_\_\_ Phone E-Mail Address

\_\_\_\_\_ Position or Type of Employment Desired:

Are you 18 years or older? YES / NO

Have you filed an application here before? YES / NO If Yes, When? \_\_\_\_\_

Have you ever been employed here before? YES / NO If Yes, When? \_\_\_\_\_

Are you currently employed? YES / NO

Are you legally entitled to work in the US? YES / NO  
(Proof of citizenship or immigration is required at time of hire)

Date Available \_\_\_\_\_

Type of employment desired: Full Time\_\_\_\_\_ Part Time\_\_\_\_\_ Temporary\_\_\_\_\_ Seasonal\_\_\_\_\_

Are you on a lay-off subject to recall? YES / NO

What specific kind of work are you applying for? \_\_\_\_\_

**REFERENCES:**

Names of three persons not related to you, whom you have known at least one year.

Name Address Phone Years Known

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVER'S LICENSE:**

To be completed for all positions involving the operation of a motor vehicle or off road equipment.

Driver's License No.: \_\_\_\_\_ State Issued \_\_\_\_\_ Expire Date \_\_\_\_\_

Type of Driver's License you hold: Operator \_\_\_ Commercial Operator \_\_\_ Type: \_\_A\_\_B\_\_C\_\_D

Has your driver's license been revoked or suspended in the last 3 years? YES / NO

If Yes, explain: \_\_\_\_\_

How many years have you been driving? Less than 1 year \_\_\_ 2-3 years \_\_\_ Over 3 years \_\_\_

Any restrictions on your license? YES / NO If Yes, explain: \_\_\_\_\_

Did you have any moving traffic violations or accidents in the last 3 years? YES / NO

If yes, show details below – Use back of page if needed

Month / Year	Description of Violations	Month / Year	Description of Accidents

**Employment Experience**

Start with your present or most recent job. **Explain any gaps in employment.**

\_\_\_\_\_  
**Employer** **Supervisor**

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Job Title Dates Employed

\_\_\_\_\_  
Job Responsibilities Hourly Rate / Salary

Reason For Leaving: \_\_\_\_\_

May we contact this employer? YES / NO

---

**Employer**

Supervisor

---

Address

Phone

---

Job Title

Dates Employed

---

Job Responsibilities

Hourly Rate / Salary

Reason For Leaving: \_\_\_\_\_

May we contact this employer? YES / NO

---

**Employer**

Supervisor

---

Address

Phone

---

Job Title

Dates Employed

---

Job Responsibilities

Hourly Rate / Salary

Reason For Leaving: \_\_\_\_\_

May we contact this employer? YES / NO

---

**Employer**

Supervisor

---

Address

Phone

---

Job Title

Dates Employed

---

Job Responsibilities

Hourly Rate / Salary

Reason For Leaving: \_\_\_\_\_

May we contact this employer? YES / NO

**Special Skills and Qualifications**

---

---

---

---

---

---

---

---

**Education**

Education	Name and Location	Circle Last Year Completed	Did you graduate?	Subjects Studied
High School	_____ _____	1 2 3 4	YES / NO	_____ _____
College	_____ _____	1 2 3 4	YES / NO	_____ _____

Please list any education, courses or special training which you feel qualify you for the position(s) for which you are applying. Include school(s) attended and degree(s), if any, obtained.

---

---

---

---

---

---

---

---

**Applicant Statement**

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand that I am free to resign my employment at any time and the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Company has the authority to make any assurances or representatives to the contrary.

I authorize the Company to investigate all references to verify all information that I have supplied and to secure such other information as may relate to my application for employment. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information

The Company is an equal opportunity employer. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that neither this document nor any offer of employment from the Company constitutes an employment contract, either expressed or implied.

**\*DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT\***

---

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

---

***For Office Use Only:***

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hired: YES / NO      Position: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_ Date Reporting To Work: \_\_\_\_\_