Yangtze Railroad Materials Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE.

Please mail completed application to: 500 N. North Point Road Rosedale, MD 21237 or fax application to: 410-501-5325

OFFICE USE ONLY:
Date Received:
Reviewed by:

EASE COMPLETE PAGES 1-5				DATE:	
Name:					
	Last	First		Middle	
Present address:					
	Number	Street	Ci	ty State	
How long at current ac	ldress:		Social	Security No.:	
√alid phone number: ()		E-mail	address:	
Are you under age 18	YESNO. If "	YES" can you pro	of of your eli	gibility to work?Yes _	NO
Are you currently author	orized to work in the Unite	ed States?Y	ESNO.	Proof of eligibility will be re	quired if hired.
Position applied for (1) and wage desired (2) ₋ (Be specific)			No Pre Mon Tues	ours available to work f Fri Sat	
			Wed	Sun	
Date of birth:/					
			_		
How many hours can y	you work weekly?			_Y □ FULL OR PART-1	ГІМЕ
Employment Desired		ONLY □ PAF	RT-TIME ONI		ГІМЕ
How many hours can y Employment Desired When are you availabl	ou work weekly?	DNLY □ PAF	TION e mailing		MAJOR & DEGREE
How many hours can y Employment Desired When are you availabl TYPE OF SCHOOL	ou work weekly? □ FULL TIME C e to start work?	DNLY □ PAF	TION e mailing	NUMBER OF YEARS	MAJOR &
How many hours can y Employment Desired When are you availabl TYPE OF SCHOOL High School	ou work weekly? □ FULL TIME C e to start work?	DNLY □ PAF	TION e mailing	NUMBER OF YEARS	MAJOR &
How many hours can y Employment Desired When are you availabl TYPE OF SCHOOL High School College	ou work weekly? □ FULL TIME C e to start work?	DNLY □ PAF	TION e mailing	NUMBER OF YEARS	MAJOR &
How many hours can y Employment Desired When are you availabl TYPE OF SCHOOL High School College Bus. Or Trade School	ou work weekly? □ FULL TIME C e to start work?	DNLY □ PAF	TION mailing	NUMBER OF YEARS	MAJOR &
How many hours can y	ou work weekly? □ FULL TIME C e to start work?	DNLY □ PAF	TION mailing	NUMBER OF YEARS	MAJOR &

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A	PPLICATION FOR EN	/IPLOYMENT	
DO YOU HAVE A DRIVER'S LICENSE?	□ Yes □ No		
What is your means of transportation to wor	k?		
Driver's License Number	State of Issue	Expiration	Date
Have you had any accidents during the past Have you had any moving violations during t			How many?
	OFFICE POSITIONS ONLY		
□ Yes Typing □ No WPM	□ Yes 10-Key □ No	Word Processing	□ Yes □ NoWPM
Personal □ Yes PC □ Computer □ No Mac □			
Please list two reference s other than relativ	es:		
Name		Name	
Position		Position	
Company		Company	
Adress		Adress	
Telephone ()		Telephone ()	
Please use this space to elaborate on any bin evaluating your qualifications for employmbelieve relavent. Please omit any informational religious or political affiliations or disability.	ent. You may include	hobbies, volunteer expe	rience, and other activities you

INFORMATION REQUE: EXCEPT SIGNATUR						
	-	APPLIC/	ATION FOR EMPL	OYMENT	-	
			MILITARY			
HAVE YOU EVER BEEN	I IN THE A		52	□ Yes	□ No	
ARE YOU NOW A MEME				□ Yes	□ No	
,			00, 1112.	- 100	2110	
Specialty		[Date Entered		Dischar	ge Date
Work Ple	assa list v	nur work exper	since for the nast	savan vas	are beginning with you	r most recent job held.
					itional sheets if nece	
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Name of employer			Name of		Employment Date	s Pay or Salary
Address			supervi	sor	<u></u>	
City, State, Zip Phone number					From	Start
Phone number					То	Finish
			Your last job title			1 1111011
			•			
Reason for leaving (be sp	oecific)					
Name of employer			Name of		Employment Date	s Pay or Salary
Address			Name of supervi			
Address City, State, Zip					Employment Date	Pay or Salary Start
Address City, State, Zip			supervi			
Address City, State, Zip					From	Start
Address City, State, Zip Phone number	o o cifio)		supervi		From	Start
Name of employer Address City, State, Zip Phone number Reason for leaving (be sp	pecific)		supervi		From	Start

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EXCEPT SIGN	ATURE.	4 5 5 1 1 6 4	TION FOR THE 01/		
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Experience				additional sheets if ned	
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Name of employer			Name of last	Employment Dates	Pay or Salary
Address			supervisor		
City, State, Zip				From	Start
Phone number					
				То	Finish
			Your last job title		
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Reason for leaving	be specific)				
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∟ist the jobs you hel	d, duties perform	ied, skills used o	or learned, advancem	ent or promotions while y	ou worked at this
company.					
Name of employer			Name of last	Employment Dates	Pay or Salary
Address			supervisor		
City, State, Zip				From	Start
Phone number					
				To	Finish
			Your last job title		
Reason for leaving	be specific)				
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liet the inhe you hel	d duties perform	and skills used o	or learned advancem	ent or promotions while y	ou worked at this
	u, dulles periorni	ieu, skiiis useu t	n learned, advancem	ent of promotions write y	ou worked at this
company.					
May we contact you	r present employ	er? 🗆 Yes	□ No		
Did you complete th				who did?	
יים you complete th	is application you		□ INO II HOL, \	wild ulu!	
				form the essential functions	
have applied Yes	No. If you ar	nswered "No", ple	ase identify those job for	unctions that you cannot pe	rform. If a reasonable
				ease describe:	
1***	- ,	,			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.
In exchange for the considertiaon of my job application by Yangtze Railroad Materials, (hereinafter call "the company"), I agree that:
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any othe position, and regardless of te contents of employee handbooks, personnel manual, benefit plans, policy statements and thelike as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right of remain an employee of Yangtze Railroad Materials, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the Owner/ Managing Member of the company Both the undersigned and Yangtze Railroad Materials may end the employment relationship at any time, with specified notice or reason If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits
I authorize investigation of all statements contained in this application I understand that the misrepresentation or ommission of facts calle dfor is cause for dismissal at any tiem without previous notice I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact
I understand that, in connection with the routine processing of your employement application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living Upon written request from me, the Company will provide me with additional information concerning the nauture and scope of any such report requested by it, as required by the Fair Credit Reporting Act
I further understand that my employment with the Company shall be probationary for a period of ninety (90) to one-hundred eighty (180) days, and futher that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by with party.
Signature of applcant Date
Yangtze Railroad Materials is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Yangtze Railroad Materials depends solely on your qualifications.
Thank you for completting this application form and for your interest in our business.