



351 Rogue River Parkway  
 P.O. Box 1200  
 Talent, Oregon 97540-1200, U.S.A.  
 (541) 535-1755 • Fax: (541) 535-1932 • www.micro-trains.com

---

*Manufactures & Distributors of Quality Model Railroad Equipment*

## APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.*

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name in Full (print) \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (INITIAL)

Home Address \_\_\_\_\_

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

Residence Telephone \_\_\_\_\_ Message Telephone \_\_\_\_\_

Mailing Address if different than above \_\_\_\_\_

**POSITION APPLYING FOR:** \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? Yes [ ] No [ ] If yes, may we contact your current employer? \_\_\_\_\_

Do you have adequate transportation to and from work? Yes [ ] No [ ]

Have you ever worked for Micro-Trains Line Co. before? Yes [ ] No [ ]

If yes, give dates and position: \_\_\_\_\_

How were you referred to Micro-Trains Line Co? \_\_\_\_\_ Date Referred: \_\_\_\_\_

Do you have any friends or relatives working here? Yes [ ] No [ ] If yes, name \_\_\_\_\_

Are you a U.S. Citizen? Yes [ ] No [ ] If you are not a U.S. Citizen are you lawfully able to work in this country? Yes [ ] No [ ]

To better enable a check on your work and education record, have you ever used another name? Yes [ ] No [ ]  
 If yes, please list other names: \_\_\_\_\_

---

Have you ever been in the military service? Yes [ ] No [ ]

Are you over 18 years of age? Yes [ ] No [ ]

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?  
 Yes [ ] No [ ]

Job related skills: \_\_\_\_\_

Activities such as civic, athletic, etc. (other than religious) \_\_\_\_\_

EDUCATION	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study or Major				
Describe Specialized Training, Military Experience, Skills And Extra-Curricular Activities				

**RECORD OF PREVIOUS EMPLOYMENT:**

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Present or Last Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	Eligible for Rehire?
		\$		Yes [ ] No [ ]
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	Eligible for Rehire?
		\$		Yes [ ] No [ ]
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	Eligible for Rehire?
		\$		Yes [ ] No [ ]
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	Eligible for Rehire?
		\$		Yes [ ] No [ ]

(In answering the following questions do not include minor traffic infractions, any conviction for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post-trial diversion programs.

A conviction record will not necessarily make you ineligible for employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Have you ever plead guilty or "no contest" to, or been convicted of, a misdemeanor or felony? Yes [ ] No [ ]

If so, give details and dates of each: \_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES:**

List below three persons not related to you, whom you have known for at least one year.  
(Please do not use personal friends)

Name	Occupation and Working Relationship	Address (Street, City and State)	Telephone Number	Years Known

**REMARKS AND SPECIAL QUALIFICATIONS:** (Please include computer systems and programs with which you are familiar)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone No.)

**THIS APPLICATION WILL BE CONSIDERED FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

**PLEASE READ AND SIGN**

**APPLICANT'S STATEMENT / CONSENT FORM**

I understand that this application will be given every consideration, but it is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a test for the presence of alcohol and/or illegal drugs in my system prior to employment. I also understand that any offer of employment may be contingent upon the passing of a physical examination, and a test for the presence of alcohol and/or illegal drugs in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination, and a test for alcohol and/or illegal drugs, to the extent permitted by law. It is the candidate's responsibility to keep the scheduled appointment and complete the test. I consent to the disclosure of the results of the physical examinations and related tests to the Company.

I understand that the Company may investigate my driving record and my criminal record. I further understand that the Company may contact my previous employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in my interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Micro-Trains® Line Co. is an Equal Opportunity Employer**

**NONDISCLOSURE AGREEMENT**

**Micro-Trains® Line Co.** (Micro-Trains) is the owner of proprietary information relating to model railroading (the *INFORMATION*).

\_\_\_\_\_ has expressed an interest in employment with **Micro-Trains**, and will learn of **Micro-Trains** *INFORMATION* in the course of a visit to **Micro-Trains** facility for an employment interview.

In consideration of **Micro-Trains** making such a disclosure to you, you agree to maintain all aspects thereof, which may include demonstrations, notes, drawings, models, etc., in strict confidence. You will not reveal any aspect of the disclosure to others, nor will you make any use for your own benefit of such aspect, without **Micro-Trains** written consent. This restriction does not apply to any information which (1) is already known to you (as can be established by your written notes), (2) is developed independently by you without reference to **Micro-Trains** disclosure, (3) becomes publicly known through no breach of this Agreement, or (4) is made available to you by a third party who is free to make such a disclosure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Representing