

Cumbres Toltec Operating, LLC Operating the Cumbres & Toltec Scenic Railroad Mailing

Address:

PO Box 1057 PO Box 668 Chama NM 87520 Antonito, CO 81120 Chama: 500 S. Terrace Ave./ Antonito: 5234 St. Hwy 285 1-888-286-2737 575-756-2694 (fax)

Employment Application

Applicant Information																	
Full Name:													Date) :			
	Last					Fir	st					M.I.					
Address:																	
	Street	t Address										Apartme	nt/Unit	#			
	City											State ZIP Code					
Phone:	()	() Cell _ I				Home											
Date Available:											Des	ired Salar	y: :	\$			
Position Applied for:																	
Type of Employment:																	
Can you work ove	ertime?					YES	N	Ю	Can you work weekends?							NO	
Can you work ove	5141110.					YES		IO I	1,c -, , , , , , , , , , , , , , , , , ,							NO	
Are you a citizen of the United States?							the U.S.?										
				YES	N	Ю	If no, plea	ase stat	e birth	date.				_	_		
Are you at least 18 years of age?					₩.		If yes, wh	vich									
Have you ever applied for a job with the C&TSRR?			?	YES		10 	company		en?								
				YES	N	Ю	If yes, wh										
Have you ever worked for the C&TSRR?					1]	company										
Do you have any activities, commitments, or responsibilities which might in any way restrict the				\/F0	.		If Yes, ple	ease ex	plain:								
hours or days you can work?			-	YES		10 											
nouro or dayo you can work:																	
Have you ever been discharged or asked to resign				n	YES	N	Ю	If Yes, please explain:									
from a position? Note: A criminal background investigation will be conducted on every applicant offered employment. A Yes answer to either of the above questions does not								s not									
automatically disqualify you from employment.																	
							Edu	ıcat	ion								
								ess,									
High School:					Did		City,		\/50	T 110							
					St	you gra ill Atter	adua	ate : n [YES	NO I	Deg	ree:					
								ess,									
College:							City			_							
						you gra				NO	Dog	raa.					
					St	ill Atter					Deg	ree.					
Other: Address, City, St																	
						you gra ill Atter			YES	NO	Deg	ree:					
	□ Casi	h Handling	<u>'</u>		Reservations syst				stems	' 			Skills:				
Other Skills:				_	,					•	programs:						
		Employment History							1 5								

1.						
Company:				Phone:	()	
Address, City,				Supervisor	()	
State				Supervisor :		
Job Title:						
Responsibilities:						
Reason for Leavi	ng:			1		
May we contact y	our previous supervisor for a referen	ce?	YES	NO	If no, please in	itial:
2.	·	<u>'</u>				
Company:				Phone:	()	
Address, City,				Supervisor	,	
State				:		
Job Title:						
Responsibilities:						
Reason for Leavi	ng:			1		
			YES	NO		
May we contact y	our previous supervisor for a referen	ce?			If no, please in	ıtıal:
.						
Company:				Phone:	()	
Address, City,				Supervisor		
State]		
Job Title:						
Responsibilities:						
Reason for Leavin	g:				_	
			YES	NO		
	our previous supervisor for a referen	ce?	-	<u> </u>	If no, please in	itial:
4.					T	
Company:				Phone:	()	
Address, City,						
State				Supervisor:		
Job Title:						
Responsibilities:						
Reason for Leavi	ng:				_	
			YES	NO		
May we contact your previous supervisor for a reference				L	If no, please in	itial:
5.					<u> </u>	
Company:				Phone:	()	
Address, City,						
State				Supervisor:		
Job Title:						
Responsibilities:						
Reason for Leavi	ng:					
	our previous supervisor for a referen	ce?	YES	NO	If no, please in	itial:
in the previous supervisor for a reference:						

Please list three p	professional refere	ences.							
Full Name:			Relationship:						
Company: Address, City, State				Phon	e:	()		
Full Name:			Relationship:						
Company:				Phon	e:	()		
Address, City, State									
Full Name:			Relationship:						
Company: Address, City,				Phon	e:	()		
State									
		Military	Service						
Branch:									
Rank at Discharge	scharge:								
If other than hono	orable, explain:								
			ınd Signature						
	WE AR	E AN EQUAL EMPLOYM				OYER	<u> </u>		
regardless of the preason and at any has the same right require me to subthe Cumbres Tolte and my credit histo authorize those enemployment with the complement of the preason and the preason and the complement of the preason and the	period of payment of time with or without. To the extent that mit at any time to a coperating, LLC to ory. I further unders apployers to disclose them. I also authorized Cumbres Toltec	APPLICANT'S STATEN Cumbres Toltec Operating, L f my wages. I further undersi t notice to the Cumbres Tolte t the law permits, I understan drug, alcohol and/or medical o investigate my background, tand that the Cumbres Toltec to the Cumbres Toltec Opera te the Cumbres Toltec Opera Operating, LLC to my future	LC, my employ, tand that I have ec Operating, Ltd that the Cumbing but no coperating, LL all rating, LLC all rating, LLC to pro	ment will be the right to the right to the content of the external content of the	ne for tern at the c Ope nt tha fo my ntact r d othe ful inf	ninate in Cumb rating, It the la driving my prever inforition	my empi res Tolte LLC res w permi record, vious em mation p	loyment foec Operation serves the lits, I also a my crimin apployers and toertinent toerning my	or any ing, LLC right to authorize aal history and I my
the best of my known or misleading in a	owledge. I understany respect, I may nd of employment.		and any such in , I agree that I	nformation am respo	is lat	ter four e for ar	nd to be	incomple	ete, false
	PLEA	ASE READ THE ABOVE ST	TATEMENT BE	EFORE Y	ou s	IGN			
Sign	ature						Date		
Sign	ature of Parent or Gu	ardian if under 18 years of age (I	May be requested	.)			Date		