



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

4600 Apple Street
Boise ID 83716-5505
Phone: 208.947.4800
Fax: 208.947.2920

Please print clearly and complete this application in detail. Conditions of employment are stated at the end of this application. Please read carefully before you sign. False statements on this application shall be considered cause for termination. **All offers of employment are conditional based upon the passing of a pre-employment substance abuse test.**

Name:		Date of Application:
Address:		(City, State, ZIP)
Email Address:		Phone: ()
		Alternate Phone: ()
If hired, can you submit verification of legal right to work in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for MotivePower Industries or any of its subsidiaries, including Boise Locomotive Company? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL INFORMATION

Who referred you to us?
 Ad _____ Employee _____ Agency _____ Former Employee _____ Other _____

POSITION APPLIED FOR/TITLE	EXPECTED SALARY	APPLYING FOR:	OTHER SURNAMES <small>(for use in employment or educational verification)</small>	DATE AVAILABLE
1.		<input type="checkbox"/> US Employment <input type="checkbox"/> International Employment		
2.		<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Casual		WILL YOU RELOCATE?
3.		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPUTER EXPERIENCE:	SKILLS	US MILITARY SERVICE (if applicable)		
List Hardware Used Proficiently	Shorthand/Speedwriting: ____ wpm	From:	To:	Branch:
List Software Used Proficiently	Typing: ____ wpm	Classification:		
		Special Training Comments		

EDUCATION

TYPE OF SCHOOL	SCHOOL NAME	SCHOOL ADDRESS	How Many Years Attended	Course or Major	Completed?		DIPLOMA/ DEGREE	MONTH/YEAR COMPLETED
					Yes	No		
Secondary or High School								X X X X X X X X
College or University								
College or University								
Business or Vocational								

EDUCATION (Continued)

Other								
Honors/Awards:								

EMPLOYMENT

List present or most recent position first. Are you presently working? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Employment Date		Name of Employer		Street Address of Employer		Position		Reason for Leaving
From	To	Phone		City, State, ZIP				
Supervisor's Name, Title and Phone Number:			Briefly describe your work:					
			<hr/> <hr/> <hr/>					
Employment Date		Name of Employer		Street Address of Employer		Position		Reason for Leaving
From	To	Phone		City, State, ZIP				
Supervisor's Name, Title and Phone Number:			Briefly describe your work:					
			<hr/> <hr/> <hr/>					
Employment Date		Name of Employer		Street Address of Employer		Position		Reason for Leaving
From	To	Phone		City, State, ZIP				
Supervisor's Name, Title and Phone Number:			Briefly describe your work:					
			<hr/> <hr/> <hr/>					
Employment Date		Name of Employer		Street Address of Employer		Position		Reason for Leaving
From	To	Phone		City, State, ZIP				
Supervisor's Name, Title and Phone Number:			Briefly describe your work:					
			<hr/> <hr/> <hr/>					
Employment Date		Name of Employer		Street Address of Employer		Position		Reason for Leaving
From	To	Phone		City, State, ZIP				
Supervisor's Name, Title and Phone Number:			Briefly describe your work:					
			<hr/> <hr/> <hr/>					

EMPLOYMENT (continued)

Employment Date		Name of Employer Phone	Street Address of Employer City, State, ZIP	Position	Reason for Leaving
From	To				
Supervisor's Name, Title and Phone Number:		Briefly describe your work:			
		<hr/> <hr/> <hr/>			

Employment Date		Name of Employer Phone	Street Address of Employer City, State, ZIP	Position	Reason for Leaving
From	To				
Supervisor's Name, Title and Phone Number:		Briefly describe your work:			
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TRAINING	LIST PUBLICATIONS AUTHORED
List any training courses you've attended that might relate to your work at the Company.	
<hr/> <hr/>	<hr/> <hr/>

LIST LANGUAGES	SPEAK			READ			WRITE			This space to be used for any other information you wish to supply regarding your qualifications.
	Fluently	Good	Fair	Fluently	Good	Fair	Fluently	Good	Fair	
1.										
2.										

PROFESSIONAL LICENSE/CERTIFICATION OR REGISTRATION DATA, AFFILIATIONS							
License Number	Type	State	Expiration Date	License Number	Type	State	Expiration Date
List memberships in organizations that relate to your profession (exclude racial, religious or nationality groups)							

OTHER INFORMATION (continued)

Have you ever been convicted of a felony? (Not necessarily a bar to employment) Yes No If YES, What and Where?

REFERENCES (include former employers or supervisors and friends. Do not include relatives.)

NAME	OCCUPATION	ADDRESS	PHONE NUMBER
1.			()
2.			()
3.			()

Comments:

PLEASE READ BEFORE SIGNING

I hereby apply for employment with this Company and I authorize the Company to conduct a background investigation and agree to cooperate in such investigation; to verify any of the statements made; to solicit information desired in connection with this application, including matters of opinion relating to character, ability, and past conduct. I authorize each individual and organization named above to release such information; and release from all liability or responsibility all persons, companies or organizations supplying such information.

I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or omission of material facts on the application may be cause for cancellation of this application or immediate dismissal if employed.

I agree that, if employed, to disclose and assign to the Company the rights to any and all inventions, improvements and developments relating to the business of the Company which are conceived or developed by me while employed by the Company or any of its subsidiaries.

I agree that, if employed, not to disclose to anyone outside the Company any information confidential or proprietary to the Company or any of its subsidiaries. If employed, I agree not to disclose information, or to remove from the Company, property or copy or cause to be copied any material and/or data that is confidential and/or proprietary to a vendor/supplier of the Company or any of its subsidiaries. If employed, I further agree that this obligation will apply, both during and after the term of my employment with the Company.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that employment at this Company is "at-will" which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the Company President in a signed writing, has any authority to alter the foregoing.

Signature of Applicant

Date:

x



EEO DATA FORM

Federal and State agencies periodically require that we supply them with information regarding the sex, race, handicapped, and veteran status of our Associates. Therefore we are requesting that you provide us with the following information so we can meet their reporting requirements. This information is considered Company Private and will only be used for reporting purposes.

YOUR COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY.

Name _____

Please Print

Sex: _____ Male _____ Female

Ethnicity

- _____ Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- _____ White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- _____ Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- _____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- _____ American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- _____ Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

INVITATION TO IDENTIFY

Wabtec Corporation is a government contractor/subcontractor and has developed an Affirmative Action Plan to employ, and advance in employment, qualified individuals with disabilities, special disabled veterans, veterans of the Vietnam Era, and other covered veterans. This Affirmative Action Plan is available for inspection in the Human Resources Department during regular business hours.

If you have a disability or are a special disabled veteran, veteran of the Vietnam Era, or other covered veteran and would like to be considered as a participant under our Plan, please tell us. This information is voluntary, and failure to disclose it will not subject you to any adverse action. You may also identify yourself at any time in the future if you do not wish to do so now. This information is confidential except that: (1) supervisors and managers may be told about restrictions on the work or duties of persons with disabilities and necessary accommodations; (2) first aid and safety personnel may be informed regarding the need for possible emergency treatment; and (3) government officials reviewing compliance with the law may be informed.

_____ Vietnam Era Veteran _____ Other Covered Veteran

And I am voluntarily requesting coverage under the Affirmative Action Plan.

My disability is: _____

Military Service Dates (Vietnam Veterans only): _____

Branch of Armed Forces: _____

Campaign/Expedition (Other Covered Veterans): _____

I have the following special skills: _____

The following special accommodations would permit me to perform jobs utilizing my skills: _____

_____ I am not a Vietnam Veteran, Special Disabled Veteran or Other Covered Veteran.

_____ I am not an Individual with a Disability.

Signature _____ Date _____

Return form to the Human Resources office in Boise, in an envelope marked "Company Private".