

JOB APPLICATION

No. 11 Trolley Tours
1020 Lincoln St, Las Vegas, NM 87701

No.11 Trolley Tours is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____

EMPLOYMENT POSITION

Position(s) applying for: Trolley Office Assistant I

How did you hear about this position? _____
What days are you available to work? _____
What hours are you available to work? _____
If needed, are you available to work overtime? _____
On what date can you start working if you are hired? _____
Do you have reliable transportation to work? _____
Salary Desired: _____

Personal Information

Are you 18 years of age or older? _____ YES _____ NO
Are you a U.S. Citizen or approved to work in the United States? _____ YES _____ NO
Can you provide proof of citizenship or legal status? _____ YES _____ NO
If so, what documents can you provide?

Do you have any condition which would require job accommodations? _____ YES _____ NO
If yes, please describe accommodations below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ____ YES ____ NO
 If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

JOB SKILLS/QUALIFICATIONS

Please list below, the skills and qualifications you possess for the position for which you are applying:

(NOTE: No.11 Trolley Tours complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to medical examination conducted by a medical professional.)

EDUCATION AND TRAINING

High School

Name	Location (City, State, Zip)	Year Graduated	Degree Earned

College/University

Name	Location (City, State, Zip)	Year Graduated	Degree Earned

College/University

Name	Location (City, State, Zip)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State, Zip)	Year Graduated	Degree Earned

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Military:

Are you a member of the Armed Services?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State, Zip Code:

Employer Telephone:

Dates employed:

Reason for Leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State, Zip Code:

Employer Telephone:

Dates employed:

Reason for Leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State, Zip Code:

Employer Telephone:

Dates employed:

Reason for Leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State, Zip Code:

Employer Telephone:

Dates employed:

Reason for Leaving:

AT-WILL EMPLOYMENT

The relationship between you and the No.11 Trolley Tours is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the No..11 Trolley Tours. No representative of No.11 Trolley Tours has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statement signed by you and either our Chief Executive Officer/Chief of Operations Officer/Chief of Information Technology or Company’s Manager.

Applicant Signature: _____ Date: _____