

ALSTOM TRANSPORTATION, INC.
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Please print plainly 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 QUALIFIED APPLICANTS RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR MARITAL STATUS.

Name (Last)	(First)	(Middle)	Phone Number
Present Address (Street)	City, State	(Zip Code)	Alternate Phone Number
Email Address			
Company Policy prohibits the employment of any person under the age of 18. Are you under 18 years of age?			
Have you ever worked for ALSTOM Transportation or its subsidiaries?			
Position Applied for/Title:		Expected Salary:	
Date Available:		Will you relocate?	
May inquiry be made of your present employer regarding your qualifications and record of employment?			

EMPLOYMENT RECORD: Please list in order from present or last position first.			
Name of Employer:	Dates:	From:	To:
	Pay rate:	Start:	Finish:
Address:	Phone:	Supervisor:	
Reason for leaving:			
Briefly describe your work:			

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Reason for leaving:			
Briefly describe your work:			

REFERENCES: INCLUDE FORMER EMPLOYERS OR SUPERVISORS AND FRIENDS. DO NOT INCLUDE RELATIVES

NAME	OCCUPATION	ADDRESS	PHONE NUMBER
1.			
2.			
3.			

Special Skills: (Typing/Business Machines, Computer skills/hardware, languages, etc.)

Are you legally authorized to work in the United States? Yes No

You will be required to provide proof of your right to work in the United States within three days of hire if an offer of employment is made.

READ CAREFULLY

I UNDERSTAND THAT THIS APPLICATION WILL BE ACCEPTED BY THE COMPANY SUBJECT TO THE FOLLOWING CONDITIONS:

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| <ol style="list-style-type: none"> 1. I hereby voluntarily give the company the right to conduct a background investigation and agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or organizations supplying such information. 2. 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 agree that if employed, any misrepresentation, falsification or omission of facts thereon, shall justify my immediate dismissal. 3. I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that if hired, my employment is at-will and can be terminated at any time, with or without notice, for any reason. I also understand that while personnel policies, programs and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by the company's associate general counsel. | <ol style="list-style-type: none"> 4. I understand that the eligibility to participate in a company retirement plan is based on the requirements set forth in such plans, the provisions of which will be described in company publications that will be provided to me upon my employment. 5. I agree, 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. 6. I agree, 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 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. |
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SIGNATURE X	DATE
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EDUCATION

TYPE OF SCHOOL	NAME	ADDRESS	HOW MANY YEARS ATTENDED	COURSE OR MAJOR	COMPLETED YES / NO	DEGREE
SECONDARY OR HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
BUSINESS OR VOCATIONAL						
OTHER						

HONORS / AWARDS

LIST ANY HONORS/AWARDS YOU HAVE RECEIVED THAT MIGHT RELATE TO YOUR WORK AT THE COMPANY

TRAINING

LIST ANY TRAINING COURSES YOU HAVE ATTENDED THAT MIGHT RELATE TO YOUR WORK AT THE COMPANY

PROFESSIONAL LICENSE / CERTIFICATION OR REGISTRATION DATA

LICENSE NUMBER	TYPE	STATE	EXPIRATION DATE

U.S. MILITARY SERVICE (IF APPLICABLE)

JOB DUTIES

SPECIAL TRAINING

PROFESSIONAL AFFILIATIONS

LIST MEMBERSHIPS IN ORGANIZATIONS THAT RELATE TO YOUR PROFESSION (EXCLUDE RACIAL, RELIGIOUS OR NATIONALITY GROUPS)

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? (NOT NECESSARILY A BAR TO EMPLOYMENT)

YES ___ NO ___ IF YES, WHAT AND WHERE ?

WE INVITE ALL DISABLED INDIVIDUALS WHO NEED ASSISTANCE IN THE APPLICATION OR EMPLOYMENT PROCESS TO ADVISE THE PERSONNEL OFFICE OF THAT NEED, AND SUGGEST THE KIND OF ACCOMMODATION THAT WOULD BE APPROPRIATE