THE POLAR EXPRESS™ Train Ride
Application Questionnaire

Applicant Name: __________________________ Date: ____________________

Check which of the following positions you are interested in (you may select more than one):

MARKETING:
___ Delivering posters and flyers to local businesses (must provide own vehicle, mileage is reimbursed at $0.56/mile)
   Available weekdays between mid Nov and mid Dec? ___ yes ___ no ___ mostly
___ Marketing (coordinating poster/flyer distribution, Fam tours, PR stunts, etc)

WORK ON THE TRAIN!
Cast Members (no previous acting necessary, just bring the joy of the holidays in your smile and eyes!)
   ___ Santa Claus (you don’t need to be heavy, but you do need to be jolly! Ho, ho, ho required!)
   ___ A Elf (the most fun, playful energetic, fresh faces young and old)
   ___ A Chef or Waiter (personable, energetic, fun, high energy)
   ___ A Hobo (wanders the train speaking an occasional line from the movie)
   ___ The Conductor (interacts with customers, punches tickets, wears the famous Conductor costume)
___ Food & Beverage Service  (cook thousands of gallons of cocoa in a real train galley!)
___ Sound technician  (program MP3 players, insure playlist is on playing correctly, troubleshoot problems)

WORK AT THE STATION!
___ Gift shop  (assist customers, restock shelves, ring up sales, smile and have fun!)
___ Parking Lot  (direct traffic, greet passengers)
___ Ticket agent  (use your computer skills to sell tickets, assign seats, look up reports)
___ Will Call Clerk  (no computer skills needed, greet ALL the passengers, hand out tickets, answer questions)

Please indicate with an “X” which of the following days/evenings you ARE available to work:

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evenings</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

POSITIONS FILL FAST!
Complete this form and the attached application and mail to:

WSOR Polar Express
7613 Elmwood Ave, #28292
Middleton, WI  53562
**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Date</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>E-Mail</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Have you ever been involuntarily terminated or asked to resign?** If "yes," please explain.
- **If hired, can you provide verification of your legal right to work in the U.S.?**
- **Have you ever worked under a different name?**
- **If required for the job for which you are applying, do you have a valid driver's license?**
- **Are you at least 18 years old?**
- **Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort?** If "yes," list offense, date and disposition of the case. (Convictions will not necessarily disqualify you for employment.)

**EMPLOYMENT INTERESTS**

<table>
<thead>
<tr>
<th>Position Desired</th>
<th>Date Available</th>
<th>Desired Salary Negotiable</th>
<th>Are you willing to work overtime?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Employment Desired</th>
<th>Days Available for Work</th>
<th>Are you willing to relocate? Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EDUCATION INFORMATION**

<table>
<thead>
<tr>
<th>School Level</th>
<th>Name &amp; Location of School</th>
<th>Course of Study</th>
<th>Highest Grade</th>
<th>Did you graduate?</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>College/University</td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Business/Technical</td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Post-Graduate</td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

**SKILLS**

<table>
<thead>
<tr>
<th>Typing Speed</th>
<th>Languages Spoken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPM</td>
<td></td>
</tr>
</tbody>
</table>

**Computer Skills:**

- **Certifications:** Engineer Card: no, Rules (specify): no, COL: no, Other (specify):

**Additional Skills (welder, mechanic, equipment qualified, etc.):**

**NOTICE:** IPH complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical examination. If required, all new employees in the same job category will be subject to the same examination. All information relating to medical history and examinations will be kept confidential.
**NOTICE:** IPH is an equal opportunity employer. Employment decisions are made without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status or marital status. Employment at IPH is solely dependent upon your qualifications and ability to perform job duties as required.

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### EMPLOYMENT INFORMATION

Please begin with your most recent employer. Please account for all time periods. Attach additional sheets as necessary.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Phone</th>
<th>Employed From (M/Y)</th>
<th>Employed To (M/Y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td>Starting Pay/Ending Pay</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>May we contact this employer?</td>
</tr>
<tr>
<td>Job or Job Title</td>
<td>Immediate Supervisor</td>
<td>Job Duties</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Leaving**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Phone</th>
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<th>Employed To (M/Y)</th>
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<td>Starting Pay/Ending Pay</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>May we contact this employer? yes no</td>
</tr>
<tr>
<td>Job or Job Title</td>
<td>Immediate Supervisor</td>
<td>Job Duties</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Leaving**

Please read each of the following paragraphs carefully and initial where indicated. "IPH" refers to Iowa Pacific Holdings and affiliated companies.

**Initials**

I authorize any person, school, current or past employer (except as noted above) and organizations cited in this application and any accompanying resume and/or documentation to provide IPH with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and/or opinion to IPH and its management.

**Initials**

In consideration of employment, I agree to obey all rules and standards of IPH. I understand that nothing in this application or in the interview process is intended to create a contract between IPH and myself for employment, salary or benefits. I agree that my employment at IPH is at will and my terms of employment may be changed with or without cause and/or with or without notice. Terms include but are not limited to: termination, demotion, promotion, transfer, compensation, benefits, duties, work location, payment method, pay date, work rules, sign-up locations, etc. Terms may be changed at any time and for any reason at the option of myself or IPH. This constitutes my entire agreement with IPH with regard to the length and terms of my employment.

**Initials**

IPH has a zero tolerance policy for drugs/alcohol use while on duty and/or on IPH property. I understand that as a condition of employment I may be required to take a post-offer, pre-employment drug/alcohol test and/or physical examination. I understand that I may be required to take random drug/alcohol tests at any time while on duty as prescribed by law. I further understand that at any time during my employment, I may be required to take a drug/alcohol test if IPH management suspects I may be under the influence of such substances. I understand that in the event my off-duty behavior causes me to be unable to perform my job requirements, I will be terminated.

**Initials**

I agree that I am responsible for reading, understanding and questioning the contents of all information provided to me by IPH. The contents of any employee handbooks or personal manuals, as well as other IPH policies and practices, are subject to change or modification by IPH, solely at its discretion, without notice. I also understand that no employee of IPH has the authority to enter into any agreement with me contrary to the foregoing.

**Initials**

I understand the nature of the railroad industry may require me to work holidays, overtime, on call, irregular hours at irregular locations, away from home, outside and in bad weather, etc. I understand I may be required to travel long distances to work locations. I understand I may be called in to work on my off days in the event of an emergency. I understand the demands of my job may require physical exertion.

**Initials**

I understand that all offers of employment are contingent on my providing satisfactory proof of my identity and legal right to work in the United States.

**Initials**

This application will remain active for sixty (60) days. Any applicant wishing to be considered for employment after sixty (60) days should reapply.

**Initials**

I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in this application and any other accompanying documents are true and complete. I understand any misrepresentations or omissions will disqualify me from further consideration for employment and will result in my termination from employment if discovered at a later date.

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**Applicant Signature:**

**Date:**
RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, hereby consent, authorize and release Iowa Pacific, its affiliated companies, and/or its agents (collectively, herein referred to as “the Company”) to procure consumer reports on me including, but not limited to information concerning my credit worthiness and standing, character, general reputation, personal characteristics, and mode of living. These reports may be obtained through, but not limited to the following sources: employment and education verifications, personal credit history based on reports from any of the credit bureaus, personal interviews, personal references, motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, and any other public records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer reports(s) and/or investigative consumer report(s) authorized therein.

Further, if I am selected as an employee or independent contractor for the Company I understand and authorize that a periodic investigation may be requested for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the company. Additionally, I hereby authorize the Company to investigate any incidents of workplace misconduct made against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company’s sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: ____________________________ Date: ____________________________

Please Print:
Name: _______________________________ *Date of Birth: ____________________________
First Middle Last
Social Security Number: ___________ Gender (check one): __________ Male Female
Driver’s License #: ___________________ Issuing State ___
Daytime Phone Number __________________________
Other Names Used (alias, maiden, nickname): __________________________

Current Address:
Street Number and Name City State Zip Dates

List Any other Addresses that you have used in the last 7 years:

Street Number and Name City State Zip Dates

Street Number and Name City State Zip Dates

Street Number and Name City State Zip Dates

Are you applying for a position in California, Minnesota, or Oklahoma? Yes _____ No ______
If yes, would you like a copy of any consumer reports requested sent to you? Yes _____ No ______

* Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Company. The Company does not discriminate on the basis of sex, religion, veteran status, age, or disability.