

## Industrial Railways Company EMPLOYMENT APPLICATION

Industrial Railways Company is an equal opportunity employer. Applicants will be considered for employment without regard to race, religion, color, sex, gender, marital status, sexual orientation, age, national origin, ancestry, mental or physical disability, medical condition, veteran status, citizenship status, or any other characteristic protected by state or federal law or local ordinance.

**Instruction to Applicant: Please answer all questions and print clearly. You must sign the form to be considered for employment.**

### PERSONAL INFORMATION

|  |       |                |                             |
|--|-------|----------------|-----------------------------|
| Last Name  | First | Middle Initial | Date of Application         |
| Present Street Address   |       |                | Phone - Day or Message      |
| City, State, ZIP   |       |                | Phone - Evening             |
| Position(s) for which you are applying:  |       |                | Date on which you can start |
| Type of employment for which you are applying:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary   |       |                |                             |
| Have you ever before applied for employment with Industrial Railways Company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give the month and year: _____/_____          |       |                |                             |
| Do you have any friends or relatives who work for Industrial Railways Company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please state names(s) and relationship(s).     |       |                |                             |
| How were you referred to Industrial Railways Company?  |       |                |                             |
| Have you used a different name that we need to know to check your references?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide other names you have used: _____ |       |                |                             |

**We will consider this application active for a period of 60 days after receipt. Thereafter, you must reapply if you are interested in employment with Industrial Railways Company.**

**OTHER INFORMATION**

Have you ever been convicted of any crime, including driving under the influence of drugs or alcohol? You may answer "no" if your only conviction is over 2 years old and is for possession of a small amount of marijuana.

- Yes       No

**NOTE: Conviction of a crime will not necessarily disqualify you for employment.**

If yes, please give details, including the date of the conviction, the nature of the offense and disposition of your case.

| EDUCATION                    | NAME AND LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | DEGREE AND MAJOR |
|------------------------------|-----------------------------|-----------------------|-------------------|------------------|
| High School                  |                             |                       |                   |                  |
| College                      |                             |                       |                   |                  |
| Graduate School              |                             |                       |                   |                  |
| Business or Technical School |                             |                       |                   |                  |
| Other Relevant Education     |                             |                       |                   |                  |

**FOR APPLICANTS FOR POSITIONS THAT REQUIRE DRIVING**

Do you hold a current Driver's License:

- Yes       No

Name on License: \_\_\_\_\_

State and Number: \_\_\_\_\_

Class: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List *all* of your relevant employment history, both full-time and part-time, and including military. Start with your present or most recent employer. Attach additional pages to this form if it is necessary to answer this question completely. Please indicate if you were employed under a different name.

**All employers including your current employer may be contacted to verify the information you provide.**

May we contact your current employer prior to any offer of employment?

Yes                       No

|                              |                    |                             |  |
|------------------------------|--------------------|-----------------------------|--|
| Employer                     |                    | Position(s)                 | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| Address and Telephone Number |                    | Dates of Employment         | Wages  |
| Name of Supervisor           | Reason for Leaving | Duties and Responsibilities |  |
| Employer                     |                    | Position(s)                 | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| Address and Telephone Number |                    | Dates of Employment         | Wages  |
| Name of Supervisor           | Reason for Leaving | Duties and Responsibilities |  |
| Employer                     |                    | Position(s)                 | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| Address and Telephone Number |                    | Dates of Employment         | Wages  |
| Name of Supervisor           | Reason for Leaving | Duties and Responsibilities |  |

**SPECIAL SKILLS AND OTHER EXPERIENCE**

List here any other achievements; experience, training, skills, or qualifications that you have that may be useful in our evaluation of your application. (Examples could include any special skills you have or any experience not reflected above.) You may exlude information that reveals your race, age, religion, sex, marital status, national origin, medical condition, or disabiliy status.

NOTICE TO APPLICANTS:

**THIS APPLICATION IS NOT COMPLETE UNTIL YOU HAVE READ THE STATEMENTS BELOW AND YOU HAVE SIGNED THE FORM**

In completing this Application for Employment, I understand and agree that:

1. Acceptance of this completed Application by Industrial Railways Company (“Industrial Railways”) does not mean that a position for which I am qualified is open or that Industrial Railways has agreed to hire me. Industrial Railways is under no obligation to hire me as the result of accepting this completed Application.
2. I authorize a check of my educational and employment history, and I hereby give Industrial Railways permission to contact my schools, previous employers, references, and others. I hereby release Industrial Railways and those person and entities it contacts from any liability whatsoever as a result of this contact and the information provided and received as a result of the contact.
3. The information furnished on this Application form is true, complete, and correct to the best of my knowledge, and I agree to have any of the statements checked by Industrial Railways unless I have indicated to the contrary.
4. I agree that my providing false answers or misleading information, or my failure to provide facts wither in the Application or in any interviews will result in my failure to receive and offer of employment or, if hired, my immediate dismissal from employment.

If I am offered employment, I understand and agree that:

1. Before beginning my duties, I will be required to produce documentary evidence that I am 18 years of age or older, and if I am under 18 years of age, I must produce a valid work permit.
2. Before beginning my duties, I must produce documentary evidence of my identity and my legal right to work in the United States.
3. Depending on the position for which I am applying, my employment with Industrial Railways may be subject to passing a urine test to detect the use of illegal drugs and the abuse of prescription drugs. I understand that I must authorize the disclosure of the results of the drug test to Industrial Railways, which will keep the results confidential.
4. My employment is subject to receipt of satisfactory responses from my prior employers and other references.
5. I understand and agree that if I am hired by Industrial Railways as a result of this Application, my employment will be “at-will.” This means that my employment will not be for a definite period of time, and can be ended at any time by Industrial Railways or me, with or without cause, and with or without notice. No one can make any agreement to the contrary. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment with Industrial Railways, that it is final and binding, and that there are no oral or collateral agreements on this issue.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

RELEASE OF CLAIMS

I, \_\_\_\_\_ understand and agree that as a condition of considering me for employment, Industrial Railways Company ("Industrial Railways") may contact persons identified by me, or identified by those persons whom I identify to Industrial Railways, or persons otherwise known by Industrial Railways to have knowledge of my employment history, in order to obtain information about my suitability for employment.

For purposes of this Release of Claims, Industrial Railways and the persons whom it contacts for information about my suitability for employment are referred to as the "Released Parties." To the fullest extent permitted by law, I hereby waive any claims against the Released Parties that I may now have, or may have in the future, as a result of conduct by the Released Parties. This Release specifically includes any statements, act or other negligent conduct that occurs as a result of efforts by Industrial Railways to obtain information about my suitability for employment, including the efforts described above.

I also understand and agree that the Release of Claims constitutes the entire agreement between the Released parties and me about these issues, and that I have the right to consult with an attorney or other persons before signing this document. Finally, I understand that my signature below indicates my acceptance of each of the terms and conditions of this Release of Claims.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

INDUSTRIAL RAILWAYS CO.

Drug/Alcohol Testing Program Release  
FOR PROSPECTIVE EMPLOYEES

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Policy Statement: Industrial Railways Co. ("Industrial Railways") maintains zero tolerance for drug and alcohol abuse by its employees. The use of any illegal drug, intoxicant or controlled substance is strictly prohibited. Illicit drug use and indiscriminate alcohol consumption puts everyone at risk and cannot be tolerated. In keeping with our efforts to promote health and safety and protect the interests of our employees, the Company and the public, we cannot allow anyone to use, possess, sell, manufacture, purchase, or be under the influence of alcohol, illegal drugs, intoxicants, or controlled substances at any time on Company premises, in Company vehicles, or while conducting Company business.

As a result, we have implemented a policy that requires mandatory pre-employment testing, including a screening for the presence of illegal or unauthorized drugs. A positive test will result in the withdrawal of any offer of employment.

If during the course of your employment with Industrial Railways, reasonable cause exists to suspect that you are abusing alcohol, drugs or any other controlled substance, you may be asked to submit to a drug screening and/or breath alcohol test. You may also be asked to submit to drug screening and/or breath alcohol testing on a random basis or if (a) you are found in possession of alcohol or any illegal drug, intoxicant, or controlled substance in violation of Company policy, or when any of those items are found in an area you control or use, such as a vehicle, desk or locker, or (b) you are involved in an accident, near-miss, or incident in which safety precautions are violated or careless acts are performed, and a reasonable suspicion exists that you are under the influence of alcohol or any illegal drug, intoxicant, or controlled substance or (c) after you have participated in a rehabilitation program.

Failure to submit to the test will result in disciplinary action, up to and including termination.

Industrial Railways is committed to implementing this policy in a fair and equitable manner with respect to the dignity and privacy of the individual. Test results will be treated as confidential.

Prescription Drugs: Employees who must bring prescription drugs to work must carry their medications in the original containers, with the prescriber's and pharmacist's identification thereon. For the safety of all employees, Industrial Railways may place persons who may be impaired by the use of a legitimate medication in a less hazardous job assignment or place them on temporary medical leave until released as fit for duty by the prescribing physician.

**I have read, understand and agree to abide by Industrial Railways' Drug/Alcohol Testing Program Policy.**

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Signature of Applicant

AUTHORIZATION FOR  
RELEASE OF MEDICAL INFORMATION

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I, \_\_\_\_\_, hereby authorize DISA Inc., to release to Industrial Railways Co. ("the Company") and its designated agents, including Medical Review Officers, Substance Abuse Professionals, and rehabilitation personnel, the results of the laboratory tests to which I have consented for the purpose of determining the presence of drugs and/or alcohol in my body. I expressly understand and agree that the Company will review the results of these tests in connection with making a decision concerning my employment. Other than for the purpose of making a determination concerning my employment, I understand that the Company will not use or further disclose the information released pursuant to this authorization unless further expressly authorized by me or unless law requires disclosure.

This authorization shall become effective immediately and remain in effect for one month from the date indicated below. I understand that I have the right to receive a copy of this authorization upon request.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_