

# APPLICATION FOR EMPLOYMENT

*NOTE: All items must be filled out completely and legibly.*

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status

## I. BACKGROUND

1. Position Sought: \_\_\_\_\_ 2. Railroad: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_  
Last First Middle

4. Date of Birth: \_\_\_\_\_

7. List other names or alias used: \_\_\_\_\_

5. Current Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

5(a). Dates Resided at Current Address: \_\_\_\_\_  
City State Zip  
 Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

8(a). Home Phone: \_\_\_\_\_

6. Previous Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8(b). Cell Phone: \_\_\_\_\_

8(c). Email Address: \_\_\_\_\_

6(a). Dates Resided at Previous Address: \_\_\_\_\_  
City State Zip  
 Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## II. EDUCATION

9. Did you complete high school or obtain a General Education Diploma (GED)?  YES  NO

10. Did you complete any post high school education ?  YES  NO 10(a). If so, how many years? \_\_\_\_\_

11. For each educational institution attended provide the follow: *(use additional sheets if necessary)*

Name and Location	Major or Specialty	Minor	Dates Attended	Degree/Certificate Obtained?
			to	
			to	
			to	

12. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

\_\_\_\_\_

\_\_\_\_\_

13. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements, awards, or specialized training or skills:

\_\_\_\_\_

\_\_\_\_\_

**III. EXPERIENCE**

*Use sheets of paper for additional space. Highlight your knowledge, skills and abilities. Starting with the most recent, describe*

*ALL paid work, military and applicable volunteer experience, which best demonstrate your qualifications for the applied for position. You may list significantly different jobs within the same organization as separate items.*

a. Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Type of \_\_\_\_\_

Number and Title of Employees you supervised (if any): \_\_\_\_\_

Business: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Equipment used (if any): \_\_\_\_\_

Immediate Supervisor Title: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary Start: \_\_\_\_\_ Salary End: \_\_\_\_\_

May we contact your supervisor?  YES  NO

Full-Time:  Part-time:  Approx. Hours/Week: \_\_\_\_\_

Name used, if different from present: \_\_\_\_\_

b. Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Type of \_\_\_\_\_

Number and Title of Employees you supervised (if any): \_\_\_\_\_

Business: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Equipment used (if any): \_\_\_\_\_

Immediate Supervisor Title: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary Start: \_\_\_\_\_ Salary End: \_\_\_\_\_

May we contact your supervisor?  YES  NO

Full-Time:  Part-time:  Approx. Hours/Week: \_\_\_\_\_

Name used, if different from present: \_\_\_\_\_

c. Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Type of \_\_\_\_\_

Number and Title of Employees you supervised (if any): \_\_\_\_\_

Business: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Equipment used (if any): \_\_\_\_\_

Immediate Supervisor Title: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary Start: \_\_\_\_\_ Salary End: \_\_\_\_\_

May we contact your supervisor?  YES  NO

Full-Time:  Part-time:  Approx. Hours/Week: \_\_\_\_\_

Name used, if different from present: \_\_\_\_\_

## V. MISCELLANEOUS QUALIFICATIONS

a. List any automated word processing or computing programs you have experience with:

b. Typing Speed \_\_\_\_\_ word per minute

c. Shorthand speed \_\_\_\_\_ words per minute

d. License (including driver's), certificates or other authorizations to practice a trade or profession:

TYPE	LICENSE NUMBER	GRANTED BY (Licensing board/authority)

## VI. JOB PREFERENCES

a. Check which shifts you will accept:  Day  Evening  Night  Rotating  Weekends or  Specify Shift hours \_\_\_\_\_

b. Check which job status you will accept:  Full Time  Part Time

c. Expected salary or hourly wage rate: \$ \_\_\_\_\_ per  Year or  Hour

d. Are you willing to accept employment, which requires you to travel?  YES  NO  
If yes?  During Day Only  Occasionally Overnight  Frequently Overnight

e. Are you willing to provide your own transportation if necessary for your employment?  YES  NO

f. Date you are available to start work? (no date is necessary if you are available as soon as you give two (2) weeks notice) \_\_\_\_\_

## VI. REFERENCES List names, contact information and relationships of three persons not related to you who know your qualifications:

NAME	ADDRESS	PHONE	RELATIONSHIP

## VII. ACKNOWLEDGMENTS & CERTIFICATIONS

I \_\_\_\_\_ hereby acknowledge and certify:

*(insert name of applicant)*

*(initial each line below)*

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

\_\_\_\_\_ In accordance with applicable federal and/or state law, applicants will be subject to a criminal background check if selected for an interview and/or if a conditional offer of employment is made. I consent to criminal history background checks.

\_\_\_\_\_ In accordance with applicable federal and/or state law, applicants will be subject to pre-employment drug/alcohol/medical screenings if a conditional offer of employment is made.

\_\_\_\_\_ All entries on this application and any attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of the time of the discovery, may cause forfeiture on my part of any employment and/or offer of employment. I understand that all information on this application is subject to verification and I consent that you may contact references, former employers, and educational institutions listed regarding this application. I further authorize the potential employer to rely upon and use, as it sees fit, any information received from such sources. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

\_\_\_\_\_ I understand if offered employment, my employment will consist of a 90-day probationary period and that I will be an at-will employee.

DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_



## Schedule B

### A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information used in the process of granting credit or for employment eligibility. This information is supplied by public record sources, credit grantors and others to consumer reporting agencies (CRA's) who organize and store that information for distribution to credit grantors, employers and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRA's, specific responsibilities in connection with their respective roles in the reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>). You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **Access to your file is limited.** Your file may only be accessed by those who have a permissible purpose recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord or other business, or to consider you for unsolicited offer of credit.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not give a report about you to your employer, or perspective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can find out what is in your file.** Upon your request, a CRA must give you information in your file (with the exception of specific communication excluded by the law), and a list of everyone who has requested it recently. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request the report in writing within 60 days of receiving notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you such as denying an application for credit, insurance, or employment must give you the name, address and phone number of the CRA that provided the information. Keep in mind that the third party not the CRA took the unfavorable action toward *you* and that the CRA *will not be able* to provide you with the *reason* for the unfavorable action.
- **You can dispute inaccurate information with the CRA,** if you *tell* a CRA that your file contains inaccurate information, the CRA must reinvestigate the terms (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and record its findings to the CRA. (The source also must advise national CRA's to which it has provided data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. IF the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell the third party who furnished information to a CRA, such as a creditor who reports to a CRA that you dispute an item, it may not then report the information to the CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, in error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Some Creditors and insurers may use file information as a basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free telephone number for you to call and tell the CRA if you want your name removed from future lists of offers. If you notify the CRA through a toll-free number, it must keep you off the list for two years. If you request, complete and return the CRA form provided for this purpose. You can have your name and address removed indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue in state or federal court.

**The FCRA gives several different federal agencies authority to enforce FCRA:**

**FOR QUESTIONS OR CONCERNS REGARDING:**

**PLEASE CONTACT:**

CRA's, creditors and others not listed below

Federal Trade Commission  
Consumer Response Center-FCRA  
Washington, DC 20580 202 326-3761

National banks, federal branches/agencies of foreign banks  
(word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 800-613-6743

Federal Reserve System member banks (except national  
Banks, and federal branches/agencies of foreign banks)

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 202 452-3693

Savings associations and federally chartered savings banks  
(word "federal" or initials "F.S.B." appear in federal  
institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552 800 842-6929

Federal credit unions  
(words "Federal Credit Union" appear in Institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 703 518-6360

State-chartered banks, or are not members of the Federal  
Reserve System

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429 800 934-FDIC

Air, surface, or rail common carriers regulated by former  
Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 202590 202 366-1306

Activities subject to the Packers and Stockyards Act 1921

Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20250 202 720-7051