

**PIONEER RAILROAD SERVICES, INC.**

1318 SOUTH JOHANSON ROAD • PEORIA, ILLINOIS 61607 • (309) 697-1400

Thank you for your interest in our company. Attached is the application you requested.

Please complete the entire application and return to:

Pioneer Railroad Services, Inc.

1318 South Johanson Road  
Peoria, Illinois 61607

Fax 309-697-5387

We appreciate your selecting our company as a potential workplace and will keep you in mind for any future openings in your area of expertise.

Sincerely,

Pioneer Railroad Services, Inc.

# APPLICATION FOR EMPLOYMENT

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

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

1. Position applied for: \_\_\_\_\_ (one per application)      2. Railroad: \_\_\_\_\_

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

5. Full legal name: \_\_\_\_\_  
Last                      First                      Middle      7. Home Phone: ( ) \_\_\_\_\_

6. Current Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_      8. Business Phone: ( ) \_\_\_\_\_

9. E-mail Address: \_\_\_\_\_

City                      State                      Zip

a. Dates Resided at  
 Current Address: Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

10. Previous Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City                      State                      Zip

a. Dates Resided at  
 Previous Address: Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

11. Other names you have used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12. EDUCATION**

a. What is the highest grade you have completed? \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma?       Yes       No

c. Check number of years of post high school education      1   2   3   4   5   6   7

Name and Location of Institution (Start with High School)	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

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



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

e. Automated word processing (specify equipment) \_\_\_\_\_

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

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

**14. REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

**15. MISCELLANEOUS**

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

b. Check which job status you will accept:  Full-time  Part-time (specify) \_\_\_\_\_

c. Expected hourly wage rate: \_\_\_\_\_

d. Are you willing to accept employment, which requires you to travel?  No  Yes. If yes,  During the day only,

Occasionally overnight,  Frequently overnight.

f. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.

g. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

If you are/were required to register for the Selective Service, have you done so?  Yes  No. If no, state reason: \_\_\_\_\_

j. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations.  Yes  No If YES, please provide the following:

Description of offense: \_\_\_\_\_

Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

County, City, State of Conviction: \_\_\_\_\_

(For additional convictions use plain paper. Include all information listed above.)

**16. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)**

\_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Year

**17. CERTIFICATION—Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the railroad to rely upon and use, as it sees fit, any information received from such contacts. 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 my employment consists of a 90-day probationary period and that I will be an at-will employee.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

# MEDICAL HISTORY/ PHYSICAL CAPACITY QUESTIONNAIRE

NAME: \_\_\_\_\_ JOB APPLIED FOR: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_

HAVE YOU EVER:	YES	NO	IF YES - EXPLAIN
Been seriously injured?			
Been hospitalized?			
Had surgery or advised to have an operation?			
Been refused employment for health reasons?			
Been forced to give up a job due to health reasons?			
Had or have back problems?			
Had tendonitis or carpal tunnel syndrome?			
Been a patient in a sanitarium or institution?			
Can you walk and stand for long periods of time on uneven surfaces?			
Can you lift 50 lbs. and carry it?			
Can you climb a ladder?			
Do you have good grip strength in both hands?			

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISSTATEMENT OF FACT AS GROUNDS FOR RELEASE.

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

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

# CONDITIONS OF EMPLOYMENT

(PLEASE READ AND SIGN)

- (1) It is agreed and understood that this application for employment does not create any obligation on the part of the Company to employ me.
- (2) If accepted for employment by the Company, such employment will be conditioned upon my satisfactory completion of a Company-administered medical evaluation and/or questionnaire.
- (3) The Company requires as one of the steps in the hiring process that all otherwise qualified applicants for employment consent and submit to a drug screen. This drug screen will require the applicant to provide a urine sample, which will be tested for the presence of controlled substances, including but not limited to marijuana, cocaine, phencyclidine, amphetamines, and opiates. A confirmed positive test result, or the refusal to submit to a drug screen, will disqualify me from further consideration for employment with the Company. I also consent to any subsequent drug test as may be required by law or Company policy.
- (4) The employment of me by the Company is dependent upon the truthfulness of the statements contained herein. If any such statement is found by the Company to be false or misleading, I understand and agree that I will be subject to dismissal.
- (5) The Company shall have the right to verify all of the information contained within this Application for employment and I hereby consent to the release to the Company or its authorized representative by any entity listed within this Application for Employment of such information concerning me as may be requested.
- (6) The Company shall have the right, after my termination of employment, to furnish information to others regarding my employment with the Company, including the information contained in this Application. I agree to hold the Company harmless for the release of such information.
- (7) I understand that the Company to which I am applying for employment is a common carrier railroad, and, as such employee, I will be assessed Railroad Retirement taxes (which are in excess of Social Security taxes); that the Company is not subject to various state employment law requirements (including, but not limited to, laws concerning payment of overtime pay); and that I WILL be subject to various rules and regulations imposed by the Federal Railroad Administration ("FRA"). I understand that the Company expects that I will comply with such rules and regulations; that violation of such rules and regulations may be cause for personal fines on me if I willfully violate such rules
- (8) I understand and agree that unless otherwise specifically stated in writing and signed by an authorized officer of the Company, any employment granted to me by the Company is at will and for an indefinite term, and that such employment may be terminated at any time (subject to such requirements as to notice as may be applicable) either by me or by the Company for any or no reason whatsoever, and I hereby waive and disclaim any express or implied covenants to the contrary. In making this Application for Employment and accepting any employment that may be offered by the Company, I have not relied on any statements or representations whether oral or in writing, by any officers, employees or agents of the Company concerning the duration or term of my employment, grounds and procedures for discharge or termination of employment, or any other terms and conditions of employment, except those made in the manner stated above.
- (9) I further understand that the provisions of any employee handbooks, personnel manuals and any and all other written statements of or regarding personnel policies, practices or procedures that are or may be issued by the Company or any official or department thereof from time to time do not and shall not constitute a contract of employment and create no vested rights, nor are there covenants that any such provisions may not be changed, revived, modified, suspended, cancelled or eliminated by the Company at any time with or without notice.
- (10) I understand and agree that the Company reserves the right to establish additional rules and regulations or policies, practices or procedures which shall be considered and enforced as conditions of my continued employment.
- (11) I represent all information given on this form and on any other forms completed at the time of employment to be true. I agree that any misrepresentation or concealment of information will be sufficient reason for dismissal.

**I hereby acknowledge that I have read the foregoing "Conditions of Employment" and fully understand and agree to the same.**

**Signature (In Ink):** \_\_\_\_\_

**Date:** \_\_\_\_\_

## DISCLOSURE & AUTHORIZATION FORM FOR CONSUMER REPORTS

This serves to advise you that in consideration for employment (including contract for services) with \_\_\_\_\_, a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be First Advantage, 2180 W. SR 434, Suite 4150, Longwood, FL 32779. Toll-free number: 800.725.5051 ext: 122.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer report will be:

County and Federal Criminal

County and Federal Civil

Statewide Criminal

Sex offender Registry

Driving Record

Wokerman's Comp, state of \_\_\_\_\_

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report as prepared by the consumer reporting agency, if one is obtained, please check this box and we will send a copy to you within three days.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

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

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Maiden or other name used

\_\_\_\_\_  
Year last used

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

## 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