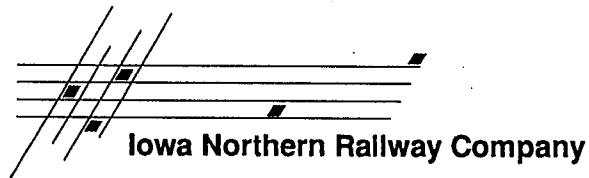


# Employment Application

**Welcome...** your interest in employment with us is sincerely appreciated. Please feel free to attach to this application any additional information you feel will be helpful in evaluating your qualifications. As an equal opportunity employer, it is our policy to provide equal opportunity in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant for employment because of race, color, religion, sex, national origin, age, handicap, marital status, veteran status, height, or weight.

All candidates must agree to submit to a pre-employment drug screening to be considered for employment.



Iowa Northern Railway Company maintains a non-smoking work environment.

Name

Last

First

Initial



## Employment History

Start with your present or most recent employer. You may include military service, summer positions, and volunteer work experience. Attach a separate page as needed to fully cover your employment history.

Employer (current or most recent)	<input type="checkbox"/> OK to Contact	Dates Employed (month/year) From: _____ To: _____
Address		Phone (area code and number) (       )
Position	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Starting Salary _____ Ending Salary _____
Duties		
Supervisor's Name and Title		
Reason for Leaving		
Employer	<input type="checkbox"/> OK to Contact	Dates Employed (month/year) From: _____ To: _____
Address		Phone (area code and number) (       )
Position	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Starting Salary _____ Ending Salary _____
Duties		
Supervisor's Name and Title		
Reason for Leaving		
Employer	<input type="checkbox"/> OK to Contact	Dates Employed (month/year) From: _____ To: _____
Address		Phone (area code and number) (       )
Position	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Starting Salary _____ Ending Salary _____
Duties		
Supervisor's Name and Title		
Reason for Leaving		
Employer	<input type="checkbox"/> OK to Contact	Dates Employed (month/year) From: _____ To: _____
Address		Phone (area code and number) (       )
Position	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Starting Salary _____ Ending Salary _____
Duties		
Supervisor's Name and Title		
Reason for Leaving		
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Explain: _____ _____ _____		

Continued



## Additional Information

If the position you are seeking involves travel in personal or company vehicles, please indicate the following:

Current Driver's License Number:	States in which you have held a driver's license:
Chaufeur's License Number:	

Have you had any driving violations or accidents for the last 3 years?     No     Yes (explain)

I hereby authorize Iowa Northern Railway Company or any employee thereof to verify my driving record with the State Department of Motor Vehicles:     No     Yes    Initial: \_\_\_\_\_

Can you operate heavy equipment?     No     Yes    Experience: \_\_\_\_\_

Have you ever been convicted or pleaded guilty to a criminal offense?     No     Yes (give details)

\_\_\_\_\_

\_\_\_\_\_

Do you have any present business interests or relationships that might be construed to conflict with your duties with us?     No     Yes (explain)

\_\_\_\_\_

\_\_\_\_\_

Can you perform the job functions of the position for which you are applying with or without a reasonable accommodation?     No     Yes (explain)

\_\_\_\_\_

\_\_\_\_\_

## Applicant's Consent and Understanding

Upon signing this application, I acknowledge that Iowa Northern Railway Company (the Company) relies on information provided by me for employment consideration. I understand that false information, misrepresentation, or concealment are grounds for my dismissal at any time during my employment. I understand my employment is conditional upon the Company obtaining information, including, but not limited to, my employment, education, credit, prior work, including my disciplinary record, general reputation, and character. I authorize the Company to obtain such information or verification from any source as required without any obligation to provide me with written notice of such disclosure. I understand that this serves as notice under the Federal Fair Credit Reporting Act that a consumer report to obtain such information may be procured. I hereby release the Company and all such sources from any liability as a result of such inquiries and disclosures.

In considerations of my employment, I agree to conform to the rules and regulations of the Company. I understand and agree that my employment is for an indefinite period of time and that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that the Company's policies and procedures are merely guidelines that are subject to change at the sole discretion of the Company and that they do not constitute contracts of employment. I understand that no representative of the Company other than the President of the Company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. All agreements shall be expressly stated in writing directed to me personally and signed by the President of the Company.

**X** \_\_\_\_\_

**Your Signature** **Date**

**Office Use Only**     Ordered     Waived    Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Job Title	Location	Department
Employee Number	Check Location Number	Job Class Code
		Starting Date
		Starting Salary

Interviewed By:	Status or Reason Not Hired:
_____	_____
_____	_____
_____	_____



# Drug Screening Authorization and Release

Required of all applicants effective November 1, 1993

I understand that in order for me to be considered for employment I must submit to a pre-employment drug screening that consists of a urine test to determine the presence of illegal drugs. I will be asked to submit to this test after a contingent offer of employment has been extended to me. I understand that if the test results are positive, the contingent offer will be withdrawn, and I will not be considered further for employment.

I hereby agree to submit a urine sample as part of pre-employment drug screening. I consent to the submission of the sample to a certified medical laboratory, where it will be tested for the presence of illegal drugs. I authorize any physician, hospital, laboratory, or medical center to release the results of this test to a representative of the Company. I hereby release any physician, hospital, laboratory, or medical center and any employee thereof from all liabilities arising from the release of such information.

I have read the above or had the above read to me by \_\_\_\_\_ . I understand this document and am signing below voluntarily.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness: \_\_\_\_\_

