

POSITION APPLYING FOR

Position Applied for: _____ Full Time Part Time Summer Employment Temporary

Professional/Technical (check your primary field of interest)

- Mechanical Locomotive Mechanical Car Locomotive Engineer Conductor
- Administrative Maintenance of Way (Track) Dispatcher Marketing
- Human Resources Information Systems Accounting Customer Service
- Other: _____

For Administrative positions, please complete the following.

Which of the following skills do you possess (check all that apply)?

- MS Office, your proficiency level [scale of 1(minimal) to 5 (expert)]: _____
- Data Entry, keystrokes per hour: _____ Other software skills: _____

EDUCATION

School	Name & Address	Did You Graduate?	Major or Courses of Study or Type of Degree Received.
High School			
Post High School			

Are you willing to enhance your technical and professional skills on your own time with company reimbursement of costs? Yes No

ADDITIONAL INFORMATION

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

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

Have you had any driving violations or accidents in 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: Yes No Initial _____

Do you have a CDL (Commercial Driver's License)? Yes No

Can you operate heavy equipment? Yes No Experience: _____

Have you ever been convicted of a felony or misdemeanor crime? Yes No

If yes, please list all adult convictions including felony and misdemeanor convictions. Do not disclose information pertaining to sealed or expunged conviction records. _____

(Note: A conviction is not an automatic bar to employment. Each case is considered in relation to the position applied for.)

GENERAL INFORMATION

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 essential job functions of the position for which you are applying with or without a reasonable accommodation?
(If you have any question as to what functions are applicable to the position for which you are applying, please ask before you answer this question)

Yes No (explain) _____

List any additional skills and knowledge which relates to your ability to perform the job for which you have applied such as licenses, professional memberships, computer knowledge, and special interests. Omit any organizations which may indicate reference to race, color, age, religion, disability, national origin or veteran status.

EMPLOYMENT HISTORY

Please fill out this section completely. Do not indicate "refer to resume." Please list all work experience, starting with your current or most current employer. Resumes are accepted as supplemental information.

If additional information is attached, please check here.

Present Employer:		Job Title:	
Address:		Job Duties:	
Telephone Number ()	Immediate Supervisor:	Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Dates Employed: From: To:		Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer:		Job Title:	
Address:		Job Duties:	
Telephone Number ()	Immediate Supervisor:	Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Dates Employed: From: To:		Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer:		Job Title:	
Address:		Job Duties:	
Telephone Number ()	Immediate Supervisor:	Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Dates Employed: From: To:		Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer:		Job Title:	
Address:		Job Duties:	
Telephone Number ()	Immediate Supervisor:	Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Dates Employed: From: To:		Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Have you ever been discharged or requested to resign from a position? No Yes (explain): _____



REFERENCES

List three people not related to you whom you have known at least one year (these should be professional/work related references).

Name:	Address:		
Telephone Number:	Relationship:	Years Known:	

Name:	Address:		
Telephone Number:	Relationship:	Years Known:	

Name:	Address:		
Telephone Number:	Relationship:	Years Known:	

AUTHORIZATION: Please read and understand this statement before signing your application:

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 such written notice of such disclosure. I understand 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 inquires 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.

I understand that Iowa Northern Railway Company has a commitment to maintain an alcohol/drug-free workplace and that Iowa Northern Railway Company, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If it is determined my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to drug-testing under certain circumstances during my employment.

I fully understand and accept all terms and conditions in the above statement.

SIGNATURE: _____

DATE: _____

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 employees 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 I am signing below voluntarily.

Print Name: _____

Date: _____

Sign Name: _____

Witness: _____

NOTIFICATION AND RELEASE

Sales Representative Jonathan Morris

Company Name Iowa Northern Railway

Access ID _____ BeeCheck ID 0000125415206500 CAC Code I001

The information contained in my application for employment with (company name) Iowa Northern Railway (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ / _____ / _____
Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (yr) from _____ to _____
Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street _____ From _____
City, State, Zip, County _____ To _____
Street _____ From _____
City, State, Zip, County _____ To _____
Street _____ From _____
City, State, Zip, County _____ To _____

Applicant Signature _____ Date _____
signature required

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact <u>Freda Muhl</u>	Email <u>fmuhl@iowanorthern.com</u>		
Phone <u>319-297-6000</u>	Fax <u>319-297-6005</u>		
<input type="checkbox"/> Extensive Package County-Criminal Residency History Social Security Alert NW-Database ST-Motor Vehicle	<input type="checkbox"/> Standard Package County-Criminal Residency History Social Security Alert NW-Database	<input type="checkbox"/>	Notes

IOWA NORTHERN RAILWAY COMPANY
“Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing”

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Have you worked for a DOT regulated employer in the last two years? _____

Have you tested positive, or refused to test, on any pre-employment drug/alcohol test? _____

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing ~

- | | |
|---|---------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ____ NO ____ |
| 2. Did the employee have verified positive drug tests? | YES ____ NO ____ |
| 3. Did the employee refuse to be tested? | YES ____ NO ____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ____ NO ____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ____ NO ____ |
| 6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? | N/A ____ YES ____ NO ____ |

NOTE: If you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

**THIS IS A REQUIREMENT FOR ALL RAILROADS
To Conduct Previous DOT Employer Checks Per 40.25**

§ 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the

employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).