

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: _____

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:	
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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: _____

VOLUNTARY SELF IDENTIFICATION

Thank you for your interest in job opportunities with Iowa Northern Railway Company ("INRC"). INRC is an Equal Opportunity Employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at INRC will be based on merit, qualifications, and abilities. INRC does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by law.

INRC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This form will be detached from the application and will not be considered in the hiring process. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Gender: Male Female

Race/Ethnicity:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Veteran: Non-Veteran Veteran - If Veteran:

- Vietnam Era Veteran – Served on active duty for a period of more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released there from with other than a dishonorable discharge or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

- Special Disabled Veteran – Person entitled to disability compensation under laws administered by the VA for disability rated at 30 percent or more or person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

- Other Protected Veteran – Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Signature	Date	Position Applied For

By checking this box you are providing your electronic signature which carries the same weight associated with an original signature on a paper document.