

# Riverport Railroad, LLC.

## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Riverport Railroad (Riverport) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

### GENERAL INFORMATION

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source  Newspaper  Friend  Relative  Recruiter or Agency  Employee \_\_\_\_\_

Internet Search  College or University  Walk-in

Other \_\_\_\_\_

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell\_(\_\_\_\_\_)\_\_\_\_\_ Social Security Number\_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Have you ever filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

Are you a United States citizen?  Yes  No If no, do you have a valid work permit?  Yes  No  
(Proof of citizenship or immigration status may be required upon employment)

Employment desired:  Full-Time  Part-Time # of Hours Per Week \_\_\_\_\_

Salary Desired: \$\_\_\_\_\_ per \_\_\_\_\_ (specify hour, week or year)

Can you work overtime?  Yes  No

Could you travel if required by this position?  Yes \_\_\_\_% of time  No

When are you available for work? \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No

### DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license?  Yes  No

Driver's License number \_\_\_\_\_ State of Issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How many? \_\_\_\_\_

**MILITARY**

Are you a veteran of the United States military service?  Yes  No If yes, what branch? \_\_\_\_\_

If yes, date entered? \_\_\_\_\_ Date discharged? \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service:  
\_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
GED				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS (Only for positions which require computer skills)**

Check off those computer skills with which you are proficient (any version).

PC User  Macintosh User  Windows  Microsoft Word  Microsoft Access  
 Microsoft Excel  Microsoft Publisher  Web Page Design/Maintenance  Email  Internet  
 Other. Please list \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, certificates earned or in progress, special training required for the position for which you are applying, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list two professional references that are not relatives.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Professional Relationship \_\_\_\_\_

Professional Relationship \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

<b>Most Recent Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

**Please Print Clearly:**

Print Full Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Print other names you have used: \_\_\_\_\_ Dates used: \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other Driver's License(s) \_\_\_\_\_ Issuing State: \_\_\_\_\_  
(list last 7 years only)

**Home addresses (for the last 7 years, list most current first – use last page of application for more space):**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_

Check here if there are addresses listed on last page of application

## WAIVERS AND DISCLOSURES

Please read each section carefully and sign/initial where indicated.

### AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization. \_\_\_\_\_ Initial

### SATISFACTORY DOCUMENTATION

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Riverport, and that failure to provide this evidence will result in the termination of my employment. \_\_\_\_\_ Initial

### CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. \_\_\_\_\_ Initial

### NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by Riverport Railroads designated health practitioner. \_\_\_\_\_ Initial

### NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Riverport Railroad to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release any individual, company, business institution or government agency from all liability for any damages on account of his/her furnishing said information to Riverport Railroad. I also agree to release and hold harmless Riverport Railroad from all liability with respect to the receipt of such information. \_\_\_\_\_ Initial

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, civil records, prior drug and alcohol testing, work history and claims involving me in the files of insurance companies from previous employers, and credit history through an investigative, or credit agency or bureau of your choice. I understand that these reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. I authorize the release of this information by the appropriate agencies and previous employers to the investigating service and/or Riverport Railroad. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required. \_\_\_\_\_ Initial

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired. \_\_\_\_\_ Initial

### DRUG TESTING AUTHORIZATION AND CONSENT

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by Riverport Railroad for the purpose of drug testing. \_\_\_\_\_ Initial

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to Medical Associates and I further authorize Medical Associates to disclose the results to Riverport Railroad. \_\_\_\_\_ Initial

I acknowledge that the drug test results will be utilized by Riverport Railroad to determine my eligibility for employment or continued employment, therewith. \_\_\_\_\_ Initial

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired. \_\_\_\_\_ Initial

In addition, I hereby knowingly and voluntarily release Riverport Railroad, Medical Associates, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law. \_\_\_\_\_ Initial

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original. \_\_\_\_\_ Initial

PLEASE SIGN HERE

DATE \_\_\_\_\_

Thank you for applying to Riverport Railroad.



# Riverport Railroad LLC

## PRE-EMPLOYMENT QUESTIONNAIRE

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

NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

### Can you perform the following essential functions of this job?

**1: Operate hand-held manual tools, hydraulic-driven tools, and electric-powered tools? Ability to operate hand-held radios?**

Circle one: YES NO What accommodations are necessary:

**2: Ability to regularly lift and move in excess of 60 pounds?**

Circle one: YES NO What accommodations are necessary:

**3: Ability to regularly traverse uneven and rocky terrain?**

Circle one: YES NO What accommodations are necessary:

**4: Ability to read and take measurements?**

Circle one: YES NO What accommodations are necessary:

**5: Ability to verbally communicate instructions?**

Circle one: YES NO What accommodations are necessary:

**6: Ability to climb over rails?**

Circle one: YES NO What accommodations are necessary:

**7: Ability to throw track switches?**

Circle one: YES NO What accommodations are necessary:

**8: Ability to work in all weather conditions (rain, snow, heat and cold)?**

Circle one: YES NO What accommodations are necessary:

**9: Ability to follow verbal instructions?**

Circle one: YES NO What accommodations are necessary:

**10: Ability to swing heavy hammers?**

Circle one: YES NO What accommodations are necessary:

**All statements given on this Questionnaire are true and correct to the best of my knowledge and belief.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AT-WILL JOB DESCRIPTION

**Job Title** - Railroad Personnel

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**Date of Job Description** – January 18, 2018

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**Job Summary** - Railroad track maintenance, track tie removal and replacement, rail replacement, maintaining and adjusting switches, activities involved in switching railcars. The list of essential functions is not exhaustive and may be added to by the Company at its discretion. Employees are expected to perform all duties and functions to which they are assigned.

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**Requirements to Perform Duties of Job -**

1. Operate hand-held manual tools, hydraulic-driven tools, and electric-powered tools. Ability to operate hand-held radios.
2. Lifting - Ability to lift and move in excess of 60 pounds
3. Licensing - A valid driver's license
4. Ability to regularly lift and move in excess of 60 pounds
5. Ability to regularly traverse uneven and rocky terrain
6. Ability to read and make measurements
7. Ability to verbally communicate instructions
8. Ability to climb over railcars
9. Ability to throw track switches
10. Ability to follow Railroad Safety Rules and Guidelines
11. Ability to work in all weather conditions (rain, snow, heat, and cold)
12. Ability to follow verbal instructions
13. Ability to swing heavy hammers

**Essential Functions -**

1. Operate hand-held manual tools, hydraulic-powered tools, gas-operated tools, and electric-powered tools
2. Operate hand-held radios
3. Perform basic equipment maintenance
4. Regularly lift and move in excess of 60 pounds
5. Regularly traverse uneven and rocky terrain
6. Read and make measurements
7. Verbally communicate instructions
8. Climb over railcars
9. Throw track switches
10. Follow Railroad Safety Rules and Guidelines
11. Work in all weather conditions (rain, snow, heat, and cold)
12. Follow verbal instructions
13. Swing heavy hammers

**Specialized Functions -**

1. Ability to operate heavy equipment
2. Ability to perform various forms of welding

**Marginal Functions -**

1. Ability to perform building maintenance and repairs

2. Ability to perform janitorial work

Job Description Approved by Amiee Martelle

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Signature/Title

President and CEO

Date January 18, 2018

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**RIVERPORT RAILROAD, LLC (RVPR) RESERVES THE RIGHT TO MODIFY, INTERPRET OR APPLY THIS JOB DESCRIPTION AS APPROPRIATE IN ITS BUSINESS JUDGMENT. THIS JOB DESCRIPTION DOES NOT MEAN THAT THESE ARE THE ONLY DUTIES, INCLUDING ESSENTIAL DUTIES, TO BE PERFORMED BY THE EMPLOYEE OCCUPYING THIS POSITION. EMPLOYEES WILL BE REQUIRED TO PERFORM ANY OTHER FUNCTIONS OR DUTIES ASSIGNED TO THEM BY MANAGEMENT. THIS JOB DESCRIPTION IS NOT AN EMPLOYMENT CONTRACT, IMPLIED OR OTHERWISE. THE EMPLOYMENT RELATIONSHIP REMAINS "AT-WILL."**