



APPLICATION FOR EMPLOYMENT

Our Company is an "Equal Opportunity Employer." All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, gender, age veteran status, disability or genetic information.

Personal

Last Name		First	Middle	Social Security Number	
Present Address		City	State	Zip Code	Telephone Number
				Home <input type="radio"/>	
				Cell <input type="radio"/>	
Email Address				Secondary Telephone Number	
				Cell <input type="radio"/>	
				Other <input type="radio"/>	
If Hired Can You Prove You are of Legal Age (18 years old)?			Can You Submit Verification of Your Legal Right to Work in the USA?		
Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>		

Previous Addresses

List addresses at which you have resided for the past three years.

Dates From-To	Street Address	City, State Zip	County

Position

Position Applied For		Starting Wage Expected	
You Are Applying For:			
Regular Full-Time Work		Regular Part-Time Work	
Temporary Work (i.e. Summer or Holiday Work)			
Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>	
Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>	
What Days & Hours Are You Available for Work?		If Applying for Temporary Work, What Period of Time Will You Be Available?	
		From: To:	
Are You Available for Work on Weekends? Yes <input type="radio"/> No <input type="radio"/>		Would You Be Available to Work Overtime? Yes <input type="radio"/> No <input type="radio"/>	
		If Hired, On What Date Can You Start Work?	
Please check which functions you are able to perform effectively:			Are you able to perform the essential functions of the position for which you are applying?
<input type="radio"/> Lift/Carry 35-50 lbs.	<input type="radio"/> Prolonged Standing	<input type="radio"/> Prolonged Sitting	<input type="radio"/> Bending
<input type="radio"/> Lift/Carry 51-75 lbs.	<input type="radio"/> Climbing Stairs	<input type="radio"/> Reaching Above Chest/Overhead	
			Yes <input type="radio"/> No <input type="radio"/>
Notify In Case of Emergency – Name, Relationship		Address	
		Telephone Number	



FRONTIER
RAILROAD SERVICES, LLC

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Education

School (Begin With High School)	Degree/Diploma (Or Highest Level Completed)	Major Field	Approximate Letter Grade & Average
HIGH SCHOOL			

Academic Honors and/or Activities -- You May Omit Those Which Indicate Your Race, Religious Creed, Color, Disability, National Origin, Ancestry, Gender or Age:

Work Experience

Company Name Address & Telephone (Begin With Most Recent Position)	From	To	Immediate Supervisor	Position & Job Duties (If Driver, Type of Equipment Driven)	Your Salary	Reason for Leaving

Military Service

Branch of Service	From	To	Rank	Nature of Duties



Convictions

A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age and time of the offense, when it occurred, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Have you ever been convicted of or pleaded guilty to a crime, other than minor traffic violations (other than a matter that has been expunged or sealed)? Yes No

If Yes, Please Explain (including date(s)):

PLEASE READ AND SIGN BELOW

I certify that all of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the Company, would affect my application unfavorably.

If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

I agree to submit to pre-employment tests, which may include: drug screen, physical (if applicable), ergonomics test (if applicable), prior to beginning work with the Company. I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs, and agree to execute the necessary HIPAA-compliant release. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment. My employment is contingent upon successfully passing the above mentioned pre-employment tests (if applicable to the position for which I am being considered).

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

NOTE: All applications remain active for 90 days. After this period of time, applicant must submit a new application.

Please sign below to signify receipt of the foregoing disclosures. I authorize, without reservation:

Signature: _____ Date: _____

**EMPLOYMENT APPLICATION SUPPLEMENT -- FOR DRIVER / OPERATOR
APPLICANTS ONLY**

Note: Driver / Operator applicants must also complete the Company's standard employment application.

Operator Licenses (valid licenses now held)

Type	License Number	Issuing State	Expires

States in which you have held operator licenses for the last five years: Have you ever had any denial, revocation, or suspensions of any license, permit, or privilege to operate a motor vehicle? Yes No If yes, explain fully:

Driving Experience

List equipment operated (buses, trucks, tractors, semi-trailers, full trailers, pole trailers, etc.) and show experience operating each type.

Type of Equipment	Years of Experience	Type of Equipment	Years of Experience
1.		5.	
2.		6.	
3.		7.	
4.		8.	

History of Accidents

List all motor vehicle accidents in which you were involved during the LAST 3 YEARS. If none, state none.

Date	Nature of Accident	Injuries and/or Fatalities

History of Violations

List all violations of motor vehicle laws or ordinances (other than parking) of which you were convicted or forfeited bond or collateral during the LAST 3 YEARS. If none, state none.

Date	Violation	Date	Violation
1.		4.	
2.		5.	
3.		6.	

Show special courses or driving awards that will help you as a driver: _____

Driver Applicant's Certification (Applicant: Read and sign before submitting this application): I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by §391.23 of the Motor Carrier Safety Regulations. This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

DISCLOSURE NOTICE
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS

Frontier Railroad Services, LLC ("the Company") may obtain information about you for employment purposes and/or contract for services from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, driving history ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying or is required by law.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been provided about you and to disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history

The third party consumer reporting agency providing the report is:

Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, www.applicantinsight.com, 1-800-771-7703.

The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment and/or contract for services to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days. Additionally, upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

New Hampshire applicants or employees subject to state driving record requests: Your authorization for the release of your driving record is limited to no more than 2 years from the date of the execution of this document. As it relates to your driving record, you have the right to revoke this authorization at any time.

Last name: _____ First name: _____ Middle name: _____

*Social Security: _____ *Date of Birth: _____

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

Signature: _____ Date: _____

[Company and/or contractor note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be requested.]

ACKNOWLEDGMENT AND AUTHORIZATION
AUTHORIZATION REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS

I acknowledge receipt of the DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment and/or contract for services, if applicable, unless otherwise indicated and/or to the extent permitted by law. In accordance with this notice, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, www.applicantinsight.com, 1-800-771-7703**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota applicants or employees only:

please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants or employees only:

please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Last name: _____ First name: _____ Middle name: _____

Other Names/Alias: _____
Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave

*Social Security: _____ *Date of Birth: _____
**This information will be used for background screening purposes only and will not be used as hiring criteria.*

Driver's License: _____ DL State of Issuance: _____

Phone Number: _____ Email Address: _____

Present Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

NOTICE REGARDING BACKGROUND INVESTIGATION PER CALIFORNIA LAW

Frontier Railroad Services, LLC ("the Company") intends to obtain information about you for employment screening purposes and/or contract for services from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, www.applicantinsight.com, 1-800-771-7703. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy is sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Notice Regarding Credit Checks:

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash; **OR**
- The Company **will not** obtain a consumer credit report on you.
- The Company is subject to 15 U.S.C. Sec. 6801-6809, the Gramm-Leach-Bliley Act and Section 1024.5 of the California Labor Code does not apply.