

**R. J. Corman Railroad Group, LLC and related companies**  
**Application for Employment**

**PERSONAL INFORMATION:**

Name (Last, First, Middle): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other day-time phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_ How long there? \_\_\_\_\_

Provide addresses for previous 3 years, if different from above. (Attach additional paper if needed):

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_ How long there? \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_ How long there? \_\_\_\_\_

3. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_ How long there? \_\_\_\_\_

Can you prove you have legal right to work in the USA? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a Felony: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**EDUCATION RECORD:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 + Degree: \_\_\_\_\_

Last school attended. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Other education, experience, qualifications, awards, honors, leadership roles: \_\_\_\_\_

**BUSINESS REFERENCES** If you are applying for your first job you may use academic references.

1. Name: \_\_\_\_\_ Known how long: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Known how long: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to you: \_\_\_\_\_

**RESUMÉ** Attach résumé if available.**POSITION APPLYING FOR:** \_\_\_\_\_ **Date able to start:** \_\_\_\_\_

Salary required: \$ \_\_\_\_\_ Type of employment sought: Full-time \_\_\_\_ Part-time \_\_\_\_ Seasonal/As needed \_\_\_\_

Referred by: \_\_\_\_\_ Availability: Days \_\_\_\_ Nights \_\_\_\_ Weekends \_\_\_\_ Holidays \_\_\_\_

**For Office Use Only:** \_\_\_\_ Nicholasville Administration/Shop \_\_\_\_ Construction \_\_\_\_ Derailment Services \_\_\_\_ Railroad  
 \_\_\_\_ Railroad Switching \_\_\_\_ Distribution Centers \_\_\_\_ MOKDT \_\_\_\_ Material Sales \_\_\_\_ Other \_\_\_\_\_

**GENERAL INFORMATION:**

- 1. List equipment operated and/or driving vehicle experience and training. (Example: loader, grinder, forklift, dozer, cranes, straight truck, tractor, semi-trailer, etc.): \_\_\_\_\_  
\_\_\_\_\_
- 2. List your office equipment, computer and software experience: \_\_\_\_\_  
\_\_\_\_\_
- 3. Have you ever been employed by R. J. Corman Railroad Group or its related companies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which company? \_\_\_\_\_ When? \_\_\_\_\_
- 4. Are you willing to relocate? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state preferred: \_\_\_\_\_
- 5. List names of relatives currently employed by R. J. Corman Railroad Group or its related companies: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** Provide complete information about your last 10 years of employment, starting with your most recent.

1. Employer's name: \_\_\_\_\_ Date from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Salary/Wage: \$ \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties performed: \_\_\_\_\_

2. Employer's name: \_\_\_\_\_ Date from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Salary/Wage: \$ \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties performed: \_\_\_\_\_

3. Employer's name: \_\_\_\_\_ Date from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Salary/Wage: \$ \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties performed: \_\_\_\_\_

4. Employer's name: \_\_\_\_\_ Date from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Salary/Wage: \$ \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties performed: \_\_\_\_\_

(Attach additional pages if necessary.)

**DRIVING RECORD**

Have you been convicted of a moving violation in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have your driving license, permit or privileges ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide: Driver's license #: \_\_\_\_\_

Issuing state: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

**COMMERCIAL DRIVER'S ONLY**

Date of Birth: \_\_\_\_\_ Previous licenses: \_\_\_\_\_

Have you tested positive or refused to test on any pre-employment drug/alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive transportation work covered by DOT agency during the past two years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-work requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to the FMCSR Regulations while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE READ AND SIGN**

The information I have provided in this application is true, accurate and correct. I understand that, if employed, any false statements on this application may be cause for my immediate dismissal from employment.

I understand that I may be required to submit to any pre-employment and during employment to tests for fitness, honesty and/or drug and alcohol substance abuse, if not prohibited by law, and hereby agree thereto. I understand that I have the right to refuse to this type of testing. I further understand that if I refuse to submit to the aforementioned testing or if any test results indicates the presence of (1) any illegal drug or substance or (2) alcohol or (3) the presence of any drug at a level in excess of that which it was prescribed or manufactured, then adverse employment consequences may result including, without limitation, suspension, discharge, or the Company's refusal to rehire.

I understand that I may be required to work overtime as a condition of employment. I agree to abide by all rules and regulations of the Company applicable to employees. I understand that my employment is "at will" and my employment can be terminated at any time, with or without cause and with or without notice, at the option of the either the Company or me. No representative of the Company has any authority to enter into any oral agreement for employment for me for any specified period of time or to make any agreement contrary to the forgoing "at will" employment status.

I knowingly authorize the Company to obtain consumer reports (background checks) as those are defined by the Fair Credit Reporting Act (FRCA) as it deems necessary to verify that the information I have supplied is accurate and evaluate my fit for the position for which I have applied. The types of background checks the Company may perform include consumer reports, Motor Vehicle records, previous employer information, termination records, work experience, educational records, professional and personal references, safety performance history, credit, and criminal records from any federal, state, local and/or other agencies which maintain records. I further hold any of the R. J. Corman Companies harmless for any inaccuracies in information that may be reported by any consumer reporting agencies the Companies may use to perform background checks. If I seek remedy for alleged harm, it shall be from those reporting agencies exclusively.

If employed, upon separation of employment, I authorize the Company to withhold from my final paycheck any monies owed the Company by me.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_