

EMPLOYMENT APPLICATION

Rails Management Services and its subsidiaries, affiliates, and divisions (Collectively, "RMS" or the "Company"), is an Equal Opportunity Employer. It is our policy to provide equal employment in all phases of employment in compliance with applicable federal and state laws, rules, and regulations. We assure you that your opportunity with Rail Management Services depends solely on your qualifications.

INSTRUCTIONS: Please read this entire application before you answer any questions. **PRINT IN BLACK INK OR TYPE.** Answer all questions accurately and completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. PLEASE ATTACH CURRENT RESUME.

All employees must be qualified to obtain an e-Rail Safe pass in order to be allowed on Railroad property. The pass cannot be issued if the applicant or employee has a felony conviction within the last 7 years.

Please select the Company you are applying for:

- ☐ Rail Management Services ☐ Pacific Rail Services ☐ PRS Auto
☐ Rail Terminal Services ☐ Pacific Trailer Repair Services ☐ Terminal Switching Services

APPLICANT INFORMATION

Last Name: First Name: Middle Name:

Street Address: Cell Phone #: Other Phone #:

City, State, Zip:

Position Applying For: E-mail Address:

Date available to work: Desired starting salary: Referred by:

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Will you now or in the future require the Company to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called "Sponsorship" for an employment-based visa status.

☐ Yes ☐ No

List any other names you are known by or have been known by:

Are you able to work overtime if required? ☐ Yes ☐ No

Are you currently age 18 or older? ☐ Yes ☐ No

If under 16, employment is subject to verification of minimum legal age by age certification of work permit.

Have you previously applied or been employed by Rail Management Services and/or its subsidiaries, affiliates, and divisions listed above? ☐ No ☐ Applied ☐ Employed ☐ Yes

If yes, where / when?

Familiarity or language proficiencies other than English:

EDUCATIONAL BACKGROUND

High School Name, City, State	# of years completed	Did you graduate?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> GED
College/University Name, City, State	# of years completed	Did you graduate? Degree(s)
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>
Other-Graduate, Technical or Vocational School Name, City, State	# of years completed	Did you graduate? Degree(s)
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>

EDUCATIONAL BACKGROUND - continued

License/Certification (P.E. Attorney, C.P.A. etc.)	Date Issued (mm/dd/yyyy)	Date Expires (mm/dd/yyyy)	Issued by/Location of Issuing Authority	License No.

EMPLOYMENT HISTORY - start with current or most recent Employment

Employer (Name of Company):

Address:

Phone:

Direct Supervisor's Name/Title:

Dates employed (MM/YYYY) From:

To:

Current/Most Recent Position (Job Title):

Starting Position (Job Title):

Reason for Leaving:

May we contact? ☐ Yes ☐ No If no, explain:

Brief description of responsibilities:

Did you supervise employees? ☐ Yes ☐ No If yes, how many?

Employer (Name of Company):

Address:

Phone:

Direct Supervisor's Name/Title:

Dates employed (MM/YYYY) From:

To:

Current/Most Recent Position (Job Title):

Starting Position (Job Title):

Reason for Leaving:

May we contact? ☐ Yes ☐ No If no, explain:

Brief description of responsibilities:

Did you supervise employees? ☐ Yes ☐ No If yes, how many?

Employer (Name of Company):

Address:

Phone:

Direct Supervisor's Name/Title:

Dates employed (MM/YYYY) From:

To:

Current/Most Recent Position (Job Title):

Starting Position (Job Title):

Reason for Leaving:

EMPLOYMENT HISTORY - continued

May we contact? ☐ Yes ☐ No If no, explain:

Brief description of responsibilities:

Did you supervise employees? ☐ Yes ☐ No If yes, how many?

PROFESSIONAL REFERENCES (provide three)

Name	Position/Company	Years Acquainted	E-mail Address	Phone Number

ADDITIONAL STATE INFORMATION

Additional State Information: Maryland/Massachusetts Applicants: It is unlawful for an employer to require or demand as a condition of employment, prospective employment, or continued employment, that any individual submit to or take a lie detector or similar test. An employer who violates the law is subject to criminal penalties and fines.

CRIMINAL CONVICTIONS

BEFORE ANSWERING THE FOLLOWING QUESTIONS, PLEASE REFER TO THE INSTRUCTIONS BELOW. DO NOT INCLUDE ANY RECORDS THAT WERE SEALED OR EXPUNGED PURSUANT TO THE COURT ORDER. A CONVICTION DOES NOT NECESSARILY MEAN YOU CANNOT BE EMPLOYED.

"BAN-THE-BOX" LAWS - PROHIBITS EMPLOYER IN THE FOLLOWING STATES: Hawaii, Illinois, Massachusetts, Minnesota, New Jersey, Oregon, Rhode Island, Washington D.C. **and the following cities:** Austin, TX; Baltimore, MD; Buffalo, NY; Chicago, IL; Columbia, MO; Los Angeles, CA; Montgomery County, MD; Newark, NJ; New York City, NY; Philadelphia, PA; Portland, OR; Prince George's County, MD; Rochester, NY; San Francisco, CA; Seattle, WA **from asking about Criminal History until later in the hiring process. IF YOU LIVE IN ANY OF THE STATES AND/OR CITIES LISTED DO NOT CHECK ANY OF THE BOXES BELOW.**

Have you been convicted of, or pled guilty to, a crime during the past seven years? You do not need to identify any conviction that has been legally sealed, expunged, pardoned, or otherwise statutorily eradicated, and can respond to this question without reference to any such conviction.

☐ Yes ☐ No

If yes, explain. A conviction will not disqualify you from employment but will be considered only as it may relate to the job you are seeking.

California Applicants: Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than two years ago that involved: unlawful possession of marijuana; transportation or giving away of up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana. Do not identify any pending arrests for which entry into a diversion program has taken place and final disposition is pending.

Connecticut Applicants: Do not identify any arrests, criminal charges or conviction records of which have been erased by a court based on sections 46b-146, 54-74a or 54-142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records concerning a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or not prosecuted, a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been judicially erased under one or more sections is deemed to have never been arrested within the meaning of the law as it applied to the particular proceeding that has been erased and may swear under oath.

District of Columbia Applicants: Do not identify convictions entered by the court more than 10 years ago.

Georgia Applicants: Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

Hawaii Applicants: Do not answer these questions at this time. You will only have to answer these questions if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past 10 years, excluding any period of time when you were in jail.

Illinois Applicants: Do not identify any arrests that are currently pending and waiting disposition.

CRIMINAL CONVICTIONS - continued

Maryland Applicants: Under the Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Massachusetts Applicants: Do not answer these questions at this time. You will only have to answer these questions after we obtain and provide you copies of your criminal history records. At that time, you will not be required to include information about: (1) a sealed record on file with the Commissioner of Probation with respect to prior arrests, criminal court appearances, or convictions; (2) prior arrests, court appearances and adjudications in all cases of delinquency or as child in need of service which did not result in complaint transferred to the superior court for criminal prosecution; (3) first-time misdemeanor convictions or drunkenness, simply assault, speeding, minor traffic violations, affray or disturbance of the peace; (4) convictions for other misdemeanors where the date of convictions or the end of the period of incarceration was more than five years ago unless there have been subsequent convictions within five years; or (5) any arrests that are currently pending or awaiting disposition. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Michigan Applicants: Do not identify any pending misdemeanor arrests.

Nevada Applicants: Only disclose convictions for felonies and within the last seven years, misdemeanors which resulted in imprisonment.

New York Applicants: You may answer "No Record" concerning any criminal proceeding that terminated in your favor, per section 160.50 of the New York Criminal Procedure Law; any criminal proceeding that terminated in a "youthful offender adjudication" as defined in section 720.35 of the New York Criminal Procedure Law; and any convictions for a "violation" that already has been sealed by the court, per section 160.55 of the New York Criminal Procedure Law. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.

Pennsylvania Applicants: Do not identify summary offenses.

Rhode Island Applicants: Do not identify any arrests that are currently pending or awaiting disposition.

Washington Applicants: Do not identify any convictions entered by the court more than 10 years ago unless some period of incarceration resulting from that conviction took place within the last 10 years.

APPLICANT'S STATEMENT

To the best of my knowledge, I certify that I have answered truthfully and have not knowingly withheld, misrepresented or omitted any information relative to my application, resume, or other attached materials. I understand that to do so would result in my being eliminated from further employment consideration. I further understand that, if accepted for employment, any misrepresentation or material omission may result in immediate termination of my employment.

I also understand and agree that:

1. I understand that Rail Management Services and its subsidiaries, affiliates, and all divisions (collectively "RMS" or the "Company") hires only U.S. citizens and lawfully authorized workers and that, if selected, I will, as a condition of my employment furnish proof of my identity, that I have legal right to work in the United States.
2. Although management makes every effort to accommodate individual preferences, business needs may at any time make the following conditions mandatory: Overtime, Shift Work, Weekend, or Evening Work.
3. I understand that the Company is an at-will employer. Employees are employed at the will of the Company for an indefinite period of time. Employees may resign from the Company or may be terminated by the Company at any time, for any reason, with or without cause, and with or without notice.
4. If a job offer is made by the Company, I agree to submit to a post-offer, pre-employment drug and alcohol screening test as a condition of employment. I understand that an offer of employment is conditioned upon the results of said testing being satisfactory to the Company.
5. My signature authorizes the Company to make such investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I authorize said companies, schools, or persons named in this employment application to release information regarding my employment, academic records, character, and qualifications.
6. I authorize said companies to release information from my DOT regulated drug and alcohol testing records. I authorize release of alcohol tests, positive drug test, refusals to test, other violations of DOT agency regulations, documentation of completion of the return-to-duty following a rule violation, any other information obtained from previous employers of a drug and alcohol rule violation.
7. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR391.23(d) and (e).
8. I understand that I have the right to review information provided by current/previous employers, have errors in the information corrected by previous employers and for those previous employers to re-send the correct information to the prospective employer and have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
9. I understand that nothing contained in this employment application or in the granting of an interview creates a contract between the Company and myself for employment nor for any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company.
10. If conditional offer of employment is extended to me by the Company, I understand I may be asked to authorize a background check, which may include a motor vehicle, criminal, education, employer verification, and/or credit check based on the position I'm being considered.

I have read and understand the above. I also certify that answers given herein are true and complete to the best of my knowledge.

Applicant's Signature: _____

Date: _____

ADDITIONAL INFORMATION - VOLUNTARY SELF-IDENTIFICATION FORM FOR APPLICANTS

The Company is subject to certain governmental record keeping and reporting requirements for administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to self-identify their race or ethnicity along with protected Veteran status. Submission of this information is voluntary and refusal to provide will not subject you to any adverse treatment. 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.

Last Name: First Name: Gender: ☐ Female ☐ Male

Ethnicity / Race:

- ☐ **Hispanic or Latino(a)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- ☐ **Caucasian or White** - A person having origins in any of the original peoples of Europe, the Middle East, or North America
- ☐ **African American or Black** - A person having origins in any of the Black racial groups of Africa
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **Asian** - 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** - A person having origins in any of the original of North and South Americans (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Multi-racial** - All persons who identify with more than one of the above six races.
- ☐ I prefer not to answer

This employer is a Government contractor subject to the Vietnam Veterans' Readjustment Assistance Act of 1974 as amended by the Jobs of Veterans Act of 2002, 38 U.S.C 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- **Disabled Veteran:** A Veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs **OR** a person who was discharged or released from active duty because of the service-connected disability.
- **Recently separated Veteran:** Any Veteran during the three-year period beginning on the date of such Veteran's discharge or release of active duty in the U.S. military, ground, naval, or air service.
- **Active Duty wartime or campaign badge Veteran:** A Veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed Forces service medal Veteran:** A Veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded to Executive Order 12985.

Veteran Status: If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below. As a Government contract subject to VEVRAA, we request this information to measure the effectiveness or the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE
- ☐ I AM NOT A PROTECTED VETERAN

Protected Veterans may have additional rights under USERRA - the Uniformed Service Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll free, at 1-866-4-USA-DOL.

How were you referred to us?

- ☐ Newspaper Ad ☐ Company's Corporate Recruiter ☐ State Employment/Workforce Agency
- ☐ Private Placement Firm ☐ School Placement Office ☐ Employee Referral - Name of Employee: _____
- ☐ Social Media (Facebook, Twitter, LinkedIn, Indeed, Monster, etc.) ☐ Other: _____

Date: Job Applying For:

Signature of Applicant: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

e-Rail Safe Release and Authorization to Obtain and/or Investigative Consumer Report

I, the undersigned, authorize and release Rail Management Services, its affiliated companies, and/or its agents (collectively, herein after referred to as "the Company") to procure reports on me including but not limited to information concerning my, character, general reputation, personal characteristics, and mode of living. These reports may be obtained through but not limited to the following sources; employment and education verifications, motor vehicle reports, social security number verification, present and former addresses, criminal and civil history records, and other public records

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any liability, claims or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer report(s) and/or investigative consumer reports authorized therein.

I understand that other railroads may have access to my information in order to determine if I am eligible to perform work on their property. I authorize any and all of them to view my information without reservation.

Further, I understand and authorize that a periodic investigation may be required for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the Company. Additionally, I hereby authorize the Company to investigate any incidents of workplace misconduct made against or involving me both during and after the term of my association with the company

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company's sole judgment, will be cause further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that requesting this information that no promise of employment is being made. I further agree that a photocopy of this authorization will be accepted with the same authority as the original.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: _____ Date: _____

(Please Print) Name: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____ Gender () Male () Female

Drivers License # _____ Issuing State: _____

Daytime Phone Number: _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street Number and Name City State Zip Dates

Are you applying for a position in California, Minnesota, or Oklahoma? () Yes () No

If yes would you like a copy of any consumer reports requested sent to you? () Yes () No

*** Note: Date of Birth information is required for identification purposes only, and is in no manner used as a qualification for employment. The Company does not discriminate on the basis of sex, religion, veteran's status, age, or disability.**