



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related disability, or any other characteristic protected by law, except as required by the Company's affirmative action programs.

Please complete all information. Information will be kept confidential.

PERSONAL DATA

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NUMBER	ARE YOU AT LEAST 18 YEARS OF AGE?
PRESENT ADDRESS			CITY	STATE	ZIP CODE
PERMANENT ADDRESS (IF DIFFERENT)					
HOME PHONE NUMBER	DAYTIME PHONE NUMBER	ALTERNATE PHONE NUMBER	POSITION APPLIED FOR		
CAN YOU WORK ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE AVAILABLE		
HOW DID YOU LEARN OF THIS OPEN POSITION?					
NAME AND RELATIONSHIP OF RELATIVES WORKING AT EXCEL RAIL MANAGEMENT, LLC (NAME, POSITION AND LOCATION)					
ARE YOU A FORMER EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATES FROM _____ TO _____					
ARE YOU LEGALLY PERMITTED TO WORK IN THE USA? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN A TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INCLUDE DATE, COUNTY, STATE, AND NATURE OF THE OFFENSE _____ _____ _____ _____					
(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT, DEPENDING ON THE NATURE OF THE OFFENSE AND POSITION(S) SOUGHT. FAILURE TO DISCLOSE MAY DISQUALIFY YOU FROM EMPLOYMENT.)					

MILITARY DATA

BRANCH	RANK AT DISCHARGE
PRIMARY DUTIES AND/OR TRAINING _____ _____ _____ _____	

EMPLOYMENT RECORD

Provide your employment history for the last seven years. Make this section as complete as possible. Please explain any lapse in time not accounted for. Start with your present or most recent position.

EMPLOYER		ADDRESS		CITY	STATE
YOUR TITLE	EMPLOYMENT DATES: FROM (MO/YR) TO (MO/YR)		SALARY	PHONE ()	
NATURE OF YOUR RESPONSIBILITIES			NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY					
EMPLOYMENT GAP					
EMPLOYER		ADDRESS		CITY	STATE
YOUR TITLE	EMPLOYMENT DATES: FROM (MO/YR) TO (MO/YR)		SALARY	PHONE ()	
NATURE OF YOUR RESPONSIBILITIES			NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY					
EMPLOYMENT GAP					
EMPLOYER		ADDRESS		CITY	STATE
YOUR TITLE	EMPLOYMENT DATES: FROM (MO/YR) TO (MO/YR)		SALARY	PHONE ()	
NATURE OF YOUR RESPONSIBILITIES			NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY					
EMPLOYMENT GAP					
EMPLOYER		ADDRESS		CITY	STATE
YOUR TITLE	EMPLOYMENT DATES: FROM (MO/YR) TO (MO/YR)		SALARY	PHONE ()	
NATURE OF YOUR RESPONSIBILITIES			NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY					
EMPLOYMENT GAP					
EMPLOYER		ADDRESS		CITY	STATE
YOUR TITLE	EMPLOYMENT DATES: FROM (MO/YR) TO (MO/YR)		SALARY	PHONE ()	
NATURE OF YOUR RESPONSIBILITIES			NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY					
EMPLOYMENT GAP					

Do you have training on office equipment? Yes No If yes, type of business equipment you can operate: _____

Can you operate heavy/light equipment? Yes No If yes, type of machinery/equipment you are trained to operate: _____

EDUCATION

NAME AND LOCATION OF SCHOOLS ATTENDED		NO. OF YEARS ATTENDED	TYPE OF DEGREE/DIPLOMA/CERTIFICATE
GRADE SCHOOL	NAME / LOCATION		
HIGH SCHOOL			
COLLEGE, VOCATIONAL OR TECH SCHOOL			

If you are applying for a safety-sensitive position, complete the following sections:

A. Have you EVER been denied a license, permit or privilege to operate a motor vehicle? Yes No

Date, explain reasons _____

B. Has any license, permit or privilege EVER been suspended or revoked? Yes No

Date, explain reasons _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATES	CHARGE	PENALTY

If applying for a position which requires a commercial driver's license, complete the following section:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE	DATES		CDL	TYPE	DATES
		FROM	TO			
STRAIGHT TRUCK						
TRACTOR AND SEMI-TRAILER						
TRACTOR-TWO TRAILERS						
OTHER						

ADDITIONAL INFORMATION

<p>MEMBERSHIP IN BUSINESS, SCIENTIFIC, PROFESSIONAL OR NON-PROFESSIONAL ORGANIZATIONS</p> <hr/> <hr/>
<p>EXPLAIN YOUR CAREER PLANS AND OBJECTIVES</p> <hr/> <hr/>
<p>WHAT, IF ANY, PLANS DO YOU HAVE FOR TRAINING OR EDUCATION IN THE FUTURE?</p> <hr/> <hr/>

THREE REFERENCES (NOT RELATIVES)

NAME	ADDRESS, CITY, STATE	PHONE NUMBER	OCCUPATION	# OF YEARS KNOWN

I hereby certify that I have answered all questions correctly, and authorize all persons, employers and organizations with whom I have been associated to give EXCEL RAIL MANAGEMENT, LLC all the information it may request about my personal character and my physical, mental and moral qualifications for employment and the reasons for leaving my former employers. In consideration for my employment by said company, I agree that if I am injured while performing work for said company, or should questions arise as to my physical capacity to perform my work, I will allow doctors which the company may select to examine me as often as the company deems necessary. I also hereby waive all objections to such doctors testifying whenever called upon by the company to testify in connection with any lawsuits or claim(s) arising out of accidents or injuries to me, and I further agree for myself, heirs, assigns and personal representative, that all doctors who treated or examined me may testify without restrictions because of the confidential relationship of doctor and patient.

I FULLY UNDERSTAND THAT ANY FALSIFICATION, FAILURE TO DISCLOSE, OMISSION OF REQUESTED INFORMATION AND/OR MISREPRESENTATION HEREIN WILL BE SUFFICIENT CAUSE FOR MY DISMISSAL FROM SERVICE WHENEVER IT IS DISCOVERED BY THE COMPANY.

I UNDERSTAND AND AGREE THAT AS A CONDITION PRECEDENT TO MY BEING HIRED BY EXCEL RAIL MANAGEMENT, LLC, I WILL BE REQUIRED TO UNDERGO AND PASS A PRE-EMPLOYMENT PHYSICAL EXAM AND BACKGROUND INVESTIGATION. I FURTHER UNDERSTAND AND AGREE THAT IF I DO NOT PASS SUCH PRE-EMPLOYMENT PHYSICAL EXAM AND/OR BACKGROUND CHECK, I WILL NOT BE HIRED BY EXCEL RAIL MANAGEMENT, LLC.

INCOMPLETE APPLICATIONS MAY NOT BE GRANTED FULL CONSIDERATION FOR EMPLOYMENT.

X

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

DATE OF HIRE	POSITION	LOCATION