

VERMONT RAILWAY, INC.

One Railway Lane
Burlington, Vermont 05401
Tel. 802-658-2550 - Fax. 802-658-2553

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, GENDER IDENTITY, ANCESTRY, PLACE OF BIRTH, MARITAL, SEXUAL PREFERENCE OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____
How did you learn about the position? _____

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Office Phone _____ Cell Phone _____
Email Address: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you able to prove that you are authorized to work in the U.S. without any restriction? Yes No

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No
If yes, please describe circumstances: _____

Do you understand and consent that if selected for employment you will be required to submit to, and pass, a drug screening test? Yes No

Do you understand and consent that if you are being considered for employment you will be required to obtain and provide your **complete** Motor Vehicle Driving Record(s) regardless of state and that you may not be hired as a result of the contents of that Record? Yes No

(Please list below any education you believe is related to the job you are applying for)

School Name	Location	Degree Received	Major

Other training, certifications, or licenses held that you believe may be related to the job you are applying for that you would like considered in reviewing your application:

List any other information that you believe may be related to the job you are applying for that you would like considered in reviewing your application:

Are you able to lift heavy objects weighing over 75 pounds with or without reasonable accommodation? Yes No

EMPLOYMENT HISTORY - (Most Recent First.)

1. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I am at least 18 years old.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including contacting my prior employers.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also acknowledge that I have not been promised employment and submit this application of my own free will and accord and understand that this application is not a contract or guarantee of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have completed the Safety Sensitive Position Questionnaire if applicable.

Signature of Applicant

Date



Application For Employment Safety Sensitive Position Questionnaire

Employee Printed or Typed Name: _____

Per 49 CFR Part 40
40.25 (j)

(1) Have you been employed during the past two years by any employer(s) that is in any way engaged in safety-sensitive transportation work where you were covered by DOT agency drug and alcohol testing rules?

Yes No

If the answer is yes please fill out the "Release of Information Form—49 CFR Part 40 Drug & Alcohol Testing"

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

Yes No

Signature _____

Date _____

Witness: _____

Vermont Railway, Inc.

Release of Information Form as mandated by 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by Vermont Railway, Inc., signed by the Applicant, and transmitted to the previous employer:

Applicant's Printed or Typed Name: _____

Applicant's SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Applicant's Signature: _____ Date: _____

I-A. Name and Address where completed form is to be returned:

Vermont Railway, Inc.
1 Railway Lane, Burlington, Vermont 05401

Phone #: (802) 658-2550 Fax #: (802) 658-2553

Designated Employer Representative: Brion Muzzy, Operations Manager (D.E.R.)

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail, e-mail or fax to Vermont Railway, Inc.:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | | |
|---|-----------|--------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES _____ | NO _____ |
| 2. Did the employee have verified positive drug tests? | YES _____ | NO _____ |
| 3. Did the employee refuse to be tested? | YES _____ | NO _____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES _____ | NO _____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES _____ | NO _____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A _____ | YES _____ NO _____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

