

Application for Employment

The Tie Yard of Omaha
and Family of Related Businesses
8202 F Street
Omaha, Nebraska 68127
Office Phone: 402.339.0332 Office Fax: 402.339.4965

Date: _____

Applicant Name (please print):
(Last) _____ (First) _____ (Middle) _____

Position Applied For: Railroad Equipment Technician Railroad Equipment Technician Trainee

List your addresses of residency for the past 3 years:

Current

Address:

Street	City	State and Zip Code	Phone	How long Yr / mo
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Previous

Addresses:

Street	City	State and Zip Code	Phone	How long Yr / mo
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Street	City	State and Zip Code	Phone	How long Yr / mo
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Street	City	State and Zip Code	Phone	How long Yr / mo
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Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay expected _____

Have you ever been bonded? _____ Name of Bonding Company _____
(answer only if job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper.

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Please see attached job descriptions. If yes, explain if you wish.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Employment History

Applicants to drive a commercial motor vehicle[†] in intrastate or interstate commerce shall provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE : list employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer Name _____ Date from: _____ to _____

Employer Address _____
Street City State and Zip Code

Contact Person _____ Phone Number _____

Position Held _____ Salary / Wage _____ Reason for Leaving _____

Were you subject to the FMCSRs* 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

Employer Name _____ Date from: _____ to _____

Employer Address _____
Street City State and Zip Code

Contact Person _____ Phone Number _____

Position Held _____ Salary / Wage _____ Reason for Leaving _____

Were you subject to the FMCSRs* 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

Employer Name _____ Date from: _____ to _____

Employer Address _____
Street City State and Zip Code

Contact Person _____ Phone Number _____

Position Held _____ Salary / Wage _____ Reason for Leaving _____

Were you subject to the FMCSRs* 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

Other Experience and Qualifications

Show any trucking, transportation, or other experience that may help you in the position for which you applied:

List courses and Training other than shown elsewhere in this application

List special equipment or technical materials you can work with other than those already shown

[†] Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Name of Last School Attended: _____ City and State where located: _____

Accident Record for Past 3 Years or More. Attach sheet if more space is needed. If none, write none.

	Date	Nature of Accident (head-on, rear-end, upset, etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

Traffic Convictions and Forefeitures for Past 3 Year (other than parking violations). Attach sheet if more space is needed. If none, write none.

Location	Date	Charge	Penalty

Experience and Qualifications - Driver

List all driver's licenses or permits held in the past 3 years.

State	License Number	Type	Expiration Date

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

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

If the answer to A or B is yes, give details _____

Commercial Driver Driving Experience

Class of Equipment				Circle Type of Equipment	Dates		Approx No. of Miles (TOTAL)
					From (M/Y)	To (M/Y)	
Straight Truck	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor and Semi-Trailer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor - Two Trailers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor - Three Trailers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Motorcoach - School Bus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(8 passenger)		
Motorcoach - School Bus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(15 passenger)		
Other							

List states operated in for last five years. _____

Show special courses or training that will help you as a driver. _____

Which safe driving awards do you hold and from whom? _____

