



Safety Railway Service, L.P.

Railcar Repair & Specialty Fabrication

To: ALL APPLICANTS

From: Human Resource Department
Safety Railway Service, L.P.

All applications must be **completed in full and signed**. Any application that contain either missing information and/or falsified information will not be considered.

Please be advised that Safety Railway Service, L.P. reserves the right to conduct a background check on each applicant. You must provide detailed information about any forms of correction such as probation, deferred adjudication, conviction, and any alternative method of supervision, imprisonment, or a fine of more than \$500 or felony. Any falsification of information found after employment will result in termination of employment.

We are an Equal Opportunity Employer

We may verify your previous employment; therefore, we ask that you be specific with names, addresses and contact telephone numbers.

We are a Drug Free Workplace. We do pre-employment, random, post accident and reasonable suspicion substance abuse testing.

We will perform a Pre-employment physical for certain job functions where it is applicable.

Please read and sign all forms attached with this application. If you have questions, do not hesitate to ask.

Your application will be reviewed by the hiring supervisor of the department seeking qualified candidates. If it is determined you are a qualified candidate you will be contacted by the hiring supervisor or the Human Resource Department.

Thank you for your interest in Safety Railway Service, L.P.



APPLICATION FOR EMPLOYMENT
SAFETY RAILWAY SERVICE, L.P.
403 WAREHOUSE RD. * VICTORIA TX 77905-0514

Revised 2/27/09

DATE OF APPLICATION: _____

Our Company is an Equal Employment Opportunity Employer. Applicants will be considered for employment without regard to race, national origin, religion, age, sex, disability or veteran status. The Company complies with the reasonable accommodation requirement of the Americans with Disabilities Act.

Notice to Applicant: All applicants must successfully pass the pre-employment drug and/or alcohol screening as a condition of hire. This application is considered active for 90 days after the date of application. After 90 days, applicants must notify the company in writing if still interested in being considered for employment. Incomplete applications will not be considered. Applications are taken for open positions only.

PERSONAL INFORMATION:

NAME: _____
Last
First
Middle
Are you age 18 or over?

Can you, after employment, submit verification of your legal right to work in the U.S.? YES NO

SOCIAL SECURITY NUMBER

PRESENT ADDRESS _____
Street
City
State
Zip

TELEPHONE NUMBER: _____

IF RELATED TO ANYONE IN OUR EMPLOYMENT PLEASE STATE NAME AND LOCATION _____

ARE YOU WILLING TO ACCEPT SHIFT WORK, IF APPLYING FOR A POSITION IN A DEPARTMENT WHERE REQUIRED YES NO

EMPLOYMENT DESIRED:

POSITION _____ **DATE YOU CAN START** _____ **DESIRED WAGE** _____

ARE YOU PRESENTLY EMPLOYED YES NO **IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER** YES NO **EVER APPLIED TO THIS COMPANY BEFORE?** YES NO **WHERE?** _____

EDUCATION:



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| Name and Location of School | Years Attended | Date Graduated | Subjects Studied | Degree Received |
|--|----------------|----------------|------------------|-----------------|
| HIGH SCHOOL _____ _____ | | | | |
| COLLEGE _____ _____ | | | | |
| GRADUATE SCHOOL _____ _____ | | | | |
| TRADE BUSINESS OR CORRESPONDENCE SCHOOL _____ _____ | | | | |

SKILLS:

PLEASE INDICATE LENGTH OF EXPERIENCE IN YEARS AND MONTHS IN THE APPROPRIATE AREAS:

| | | |
|-----------------------------|---|------------------------|
| Crane Operations _____ | Filing _____ | Word Processing _____ |
| Welding _____ | Receptionist _____ | Data Processing _____ |
| Forklift Operation _____ | Typing (Indicate WPM) _____ | Spreadsheet _____ |
| Auto/Diesel Mechanics _____ | Calculator/10 Key <input type="checkbox"/> By Touch <input type="checkbox"/> By Sight _____ | CAD/CAM _____ |
| Electrical _____ | General Ledger _____ | Programming _____ |
| Plumbing/Piping _____ | Computer _____ | Other (Identify) _____ |

MILITARY SERVICE:

| | | | | | |
|------------------------------|---|-------------------|------------------------------------|---------------------------------------|--------------------------------------|
| VETERAN OF U.S. ARMED FORCES | <input type="checkbox"/> Yes <input type="checkbox"/> No | BRANCH _____ | SERIAL NUMBER _____ | DATE ENTERED _____ | DATE DISCHARGED _____ |
| ENTERING RANK _____ | DISCHARGE RANK _____ | TYPE OF DISCHARGE | <input type="checkbox"/> HONORABLE | <input type="checkbox"/> DISHONORABLE | <input type="checkbox"/> OTHER _____ |



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FORMER EMPLOYERS: (Please list last six employers with last one first.)

| DD/MM/YY | Name and address of Employer | Salary | Position | Name of Supervisor | Reason for leaving |
|----------|------------------------------|--------|----------|--------------------|--------------------|
| From: | | Start | | | |
| | | | | | |
| To: | | Final | | | |
| | | | | Phone: | |
| From: | | Start | | | |
| | | | | | |
| To: | | Final | | | |
| | | | | Phone: | |
| From: | | Start | | | |
| | | | | | |
| To: | | Final | | | |
| | | | | Phone: | |
| From: | | Start | | | |
| | | | | | |
| To: | | Final | | | |
| | | | | Phone: | |
| From: | | Start | | | |
| | | | | | |
| To: | | Final | | | |
| | | | | Phone: | |



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REFERENCES: (Please list three people not related to you who you have known at least one year)

| NAME | ADDRESS | TELEPHONE | YEARS ACQUAINTED |
|------|---------|-----------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements).

If yes, please explain and provide dates. _____

If applying for a position which involves driving a motor vehicle in the course and scope of employment duties, please indicate whether you have a valid driver's license.

Yes No

IMPORTANT - READ THOROUGHLY

I authorize the Company to fully investigate all references and information furnished in this application, and also authorize and release each employer and person given in this application as an employer or as a reference to give any information that may be sought in connection with this application, or concerning my work habits or character. I further authorize the Company to obtain information relating to my credit history. I declare all statements contained in this application to be true and correct. I understand that false or misleading statements contained in this application will result in my not being hired or my immediate discharge. Following a conditional job offer, I may be required to take a job-related medical exam and drug test to determine my current fitness to perform my job as a condition of continued employment. I understand my employment may be terminated for any reason at any time without advance notice.

I understand the Company may amend, modify or revoke any of its rules or employment policies, including its employee handbook at any time without notice. I also understand that these rules or employment policies, including the employment handbook, do not create a contract of employment, or an implied contract of employment. I understand that the Company does not enter into any written, implied or oral contracts of employment.

DATE: _____ APPLICANT SIGNATURE: _____