

# RED RIVER VALLEY & WESTERN RAILROAD EMPLOYMENT APPLICATION



Return to:  
Manager-Human Resources  
Red River Valley & Western Railroad  
PO Box 608  
Wahpeton, ND 58074  
(701) 642-8257  
(701) 642-3534 fax

Date: \_\_\_\_\_, 20\_\_\_\_\_

## 1. APPLYING FOR:

Job Title \_\_\_\_\_ Location \_\_\_\_\_

After reviewing the job descriptions of all jobs applied for, please state whether you are able to perform the essential functions of those jobs with or without a reasonable accommodation. Please answer by circling **Yes** or **No** and provide no further information.

## 2. HOW DO WE CONTACT YOU?

Your Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email address \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 3. TELL US ABOUT YOUR EDUCATION

May we contact you at your business number?  yes  no  
High School (Name) \_\_\_\_\_ Location \_\_\_\_\_  
Diploma  Other (specify)  \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_  
College Graduate?  yes  no If no, give total credits received \_\_\_\_\_  
Your Name if Different While Attending School \_\_\_\_\_

**Give name and address of school, major course of study, and degree received.**

College/University/Technical College \_\_\_\_\_  
Degree \_\_\_\_\_  
Year Degree Obtained \_\_\_\_\_ Credits \_\_\_\_\_  
Pertinent Courses \_\_\_\_\_

### Job-Related Training and Course Work

List any skills, licenses, certificates, equipment operated which are related to the job you seek (including words per minute typing speed, computer software proficiency, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. DRIVER'S LICENSE INFORMATION

Do you possess a valid driver's license?  Yes  No  
If yes, provide License Number \_\_\_\_\_ State Issued \_\_\_\_\_  
Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Class (check one)  A  B  C  D Other  \_\_\_\_\_

## 5. TELL US ABOUT YOUR WORK EXPERIENCE

Describe your work experience in detail, beginning with your most recent job. Provide an explanation for any gaps in employment. A resume may be attached, but substituted for completing this section.

Name of Present/Last Employer:	Address:
Phone: (    )	Job Title:
Supervisor's Name:	May We Contact This Employer?
Job Duties:	Reason for Leaving:
From ___/___/___ to ___/___/___	

Your Next Most Recent Employer:	Address:
Phone: (    )	Job Title:
Supervisor's Name:	May We Contact This Employer?
Job Duties:	Reason for Leaving:
From ___/___/___ to ___/___/___	

Your Next Most Recent Employer:	Address:
Phone: (    )	Job Title:
Supervisor's Name:	May We Contact This Employer?
Job Duties:	Reason for Leaving:
From ___/___/___ to ___/___/___	

Give the names to two people, not relatives, who are familiar with your work.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I acknowledge that I have been advised that the RRVW has a Drug and Alcohol Policy which applies to all applicants who are given a conditional offer of employment and all RRVW employees. I understand that if I receive a job offer I will receive a copy of the policy. I further acknowledge that my employment with RRVW will be contingent upon my successfully completing a pre-employment drug test.

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers of RRVW Railroad, which may include but not be limited to, information concerning my past and present work; including my official personnel files, attendance records, safety records, engineer certification files (if applicable), evaluations, and any other files deemed necessary. I further release the organization, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification of Applicant:** By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification or material omission of information on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work. I understand and agree that if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Equal Employment Opportunity Voluntary Data Sheet

(For pre-hires and Current Employees)

In order to comply with federal equal opportunity recordkeeping and other reporting requirements, RRVW asks all applicants to provide us with certain demographic information. Providing this information is strictly voluntary (for pre-hires) and will be kept separate from any resumes or other material submitted. It will not be used in determining employment at RRVW.

In completing the Race/Ethnicity portion of the form, first indicate if you so identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you do identify. If you identify with two or more races, please check the "two or more race" box, and also list the single race/ethnic group with which you most identify.

Please check all categories that apply to you.

**Gender (Sex):** Male  Female

### **Race/Ethnicity:**

**Hispanic or Latino:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

**OR**

**White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American (Not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino):** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including =, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam., etc.

**American Indian / Alaskan Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North or South America who maintains tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five racial/ethnic groups.

**Decline to complete:**

I do not wish to complete this questionnaire.

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EEO COMPLIANCE: "This contractor and subcontractor shall abide by the requirements of 41 CFR §§ 60 - 1.4(a), 60 - 300.5(a) and 60 - 741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, gender, sexual orientation, national origin, protected veteran status, or disability."

## VOLUNTARY SELF-IDENTIFICATION OF DISABILITY: FORM

### Voluntary Self-Identification of Disability

#### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities. To help us measure how we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. We are asking for this information now, as we are in the process of updating our Affirmative Action Plan, which is required by federal Law. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

#### How do I know if I 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 impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Deafness
- Cerebral Palsy
- Major Depression
- Obsessive Compulsive Disorder
- Cancer
- HIV/AIDS
- Multiple Sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing Limbs or Partially missing Limbs
- Intellectual Disability (Previously called mental retardation)
- Epilepsy
- Muscular Dystrophy

#### Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the US Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.

### **Current Employee Protected Veteran Self-Identification Form (2 pages)**

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. These classifications are defined as follows:

(1) A "*disabled veteran*" is one of the following: 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 laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

(2) A "*recently separated veteran*" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

(3) An "*active duty wartime or campaign badge veteran*" means 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.

(4) An "*Armed forces service medal veteran*" means 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 pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date