



4600 Apple Street
 Boise ID 83716-5505
 (208) 947-4800 – Phone
 (208) 947-2920 – Fax

Employment and Experience Questionnaire

The Company is an equal opportunity employer. We encourage persons of all races, national origins, religions, and creeds, whatever their age, sex, color, ancestry, marital status, medical condition, veteran's status or disability to apply to us for employment with the assurance that their qualifications will be reviewed fairly and without discrimination.

We invite all disabled individuals who need assistance in the application or employment process to advise the Human Resource Office of that need and suggest the kind of accommodation that would be appropriate.

Please print clearly. Answer all questions fully and accurately. Please provide current telephone numbers of former Employers and Supervisors. Reference checks are performed on all applicants. **Your application will not be considered if not completed in detail including signed and dated.**

All offers of employment are conditional based upon the passing of a pre-employment substance abuse test and physical. "MotivePower is a Drug Free workplace"

Print Name:	Middle Initial:
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Address:	City:
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State:	Zip Code:	Telephone: ()
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Alternate Contact telephone number:	If hired, can you submit verification of legal right to work in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Available for Work:	Who referred you to us? <input type="checkbox"/> Agency <input type="checkbox"/> Ad <input type="checkbox"/> Employee Name _____ <input type="checkbox"/> Other _____	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever worked for MotivePower (MK Rail or Boise Locomotive)? Yes No Where _____ When _____

Are you subject to any agreements that could prohibit your free employment with us? Yes No

Have you ever been convicted of a felony? (Not necessarily a bar to employment) Yes No
 If YES, What and Where? (REQUIRED information prior to interview)

Jobs Applied For In Order Of Preference	Expected Wage
1) _____	
2) _____	

Shift Availability: **Day?** Yes No **Swing?** Yes No **Graveyard?** Yes No

EDUCATION

Type of School	Name/Address of School	Years Completed	Graduate (Yes/No)
High School/GED			
Vocational			
Trade			
College			
Other Specialized Training			

EMPLOYMENT HISTORY

List present or most recent position first. At minimum, employment history must reflect the past **five (5) years**. Use back page if necessary.
 Are you presently working? Yes No May we contact your present employer? Yes No

Employment Date	Name of Employer	Job Title	Rate
From To	Address/Phone		

Supervisor's Name and Phone Number:	Reason for Leaving:
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Employment Date	Name of Employer	Job Title	Rate
From To	Address/Phone		

Supervisor's Name and Phone Number:	Reason for Leaving:
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Employment Date	Name of Employer	Job Title	Rate
From To	Address/Phone		

Supervisor's Name and Phone Number:	Reason for Leaving:
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Layout electrical systems		
Bend and install conduit in heavy industrial applications		
Install and terminate wire in heavy industrial applications		
Install and terminate wire in complex control stands/panels		
Install and terminate wire and components in high voltage cabinets		
Test high voltage cabinets to specifications		
Electrical component rebuild (size)		
Electrical motor rebuild (size)		
Propulsion control rebuild		
Facility electrical maintenance		
Troubleshoot electrical motors, components and systems		

Dates		Where Did you Obtain This Experience	List Type of Work You Did
From	To		

2. MECHANICAL	Tools Used	# Code
Read and understand blueprints		
Tear down, rebuild and install engine		
Read micrometers, dial indicators, torque wrenches		
Ability to use power tools – air and electric and hydraulic		
Ability to use hand tools		
Do you have any plumbing or carpentry skills		
Remove, rebuild, replace and test air, hydraulic equipment		
Ability to drill and tap holes		
Experience with pipe fitting or bending		
Fastener identification		
Read tape measure		

List any other mechanical skills you may have:

Dates		Where Did you Obtain This Experience	List Type of Work You Did
From	To		

3. MAINTENANCE MECHANIC	Yes	No	Machines Used	# Code
Can you read and understand blueprints?				
Can you read and understand schematics?				
Can you service and maintain the following?				
Overhead Cranes?				
Welding Machinery?				
Machine Shop Tools?				
Shears?				
Press Brakes?				
Laser Cutting Machinery?				
Plasma Cutting Machinery?				
Air Tools				
Plumbing/Air Water/nN Gas				
Pneumatics/Hydraulics Systems?				
Auto Mechanics?				
Electric Motor Controls				
HVAC Systems?				

List any other Maintenance Operations you can perform:

Dates		Where Did you Obtain This Experience	List Type of Work You Did
From	To		

4. MACHINE OPERATOR				Yes	No	Machines Used	# Code
Can you read and understand blueprints?							
Can you do fabrication lay out?							
Can you set up and operate Laser Cutting Machine?							
Can you set up and operate Plasma Cutting Machine?							
Can you set up and operate CNC Press Brake?							
Can you set up and operate Manual Press Brake?							
Can you set up and operate Leaf Box Brake?							
Can you set up and operate Pinch Rolls?							
Can you do CNC Programming?							
List any other Sheet Metal shop operation you can perform:							
Dates		Where Did you Obtain This Experience	List Type of Work You Did				
From	To						
5. MACHINIST				Yes	No	Machines Used	# Code
Can you Read blueprints?							
Can you do piece part lay out?							
Can you operate engine lathes?							
Can you operate manual milling machine?							
Can you operate radial arm drill press?							
Can you operate CNC Milling Machine?							
Can you operate Hydraulic Presses?							
Can you operate Vertical Band Saws?							
Can you operate Pipe Threaders?							
List any other machine shop operation you can perform:							
Dates		Where Did you Obtain This Experience	List Type of Work You Did				
From	To						
6. WELDER/FABRICATOR				Yes	No	Process Used	# Code
Can you read and understand blueprints							
Can you do fabrication lay-out?							
Can you set up and operate the following equipment?							
SMAW all positions?							
GMAW all positions?							
FCAW all positions?							
Oxygen/acetylene cutting equipment?							
Portable Plasma Cutting Equipment?							
Weld Pipe all positions?							
Do You Have Any Current Welding Certifications?							
List any other welding/cutting operation you can perform:							
Dates		Where Did you Obtain This Experience	List Type of Work You Did				
From	To						
7. PAINTER: Transportation Experience PREFERRED (residential painting does not transfer)				Equipment Used			# Code
Read and understand painting diagrams/specifications							
Experience with blasting equipment							

Operate air painting tools		
Operate airless painting tools		
Decal application and removal		
Sanding and bodywork		
Fiberglass repair		
Application of paints and primers-automotive or equipment		
Polyurethanes		
Epoxy		
Standard enamels		
Primers		
Lacquers		
Acrylics		

List any other painting experience you may have performed:

Dates		Where Did you Obtain This Experience	List Type of Work You Did
From	To		

8. CERTIFICATIONS/EXPERIENCE

	Make and Model	# Code
Overhead Crane Experience		
Forklift Experience		
Rigging Experience		
Other Equipment (specify type)		

Dates		Where Did you Obtain This Experience	List Type of Work You Did
From	To		

9. LOCOMOTIVE RELATED WORK EXPERIENCE

Dates		Where Did you Obtain This Experience	List Type of Work You Did
From	To		

U.S. MILITARY SERVICE

Have you ever had any job-related training in the United States Military?

- Yes If YES, please describe
- No

PLEASE READ BEFORE SIGNING

I hereby apply for employment with this Company and I authorize the Company to conduct a background investigation and agree to cooperate in such investigation; to verify any of the statements made; to solicit information desired in connection with this application, including matters of opinion relating to character, ability, and past conduct. I authorize each individual and organization named above to release such information; and release from all liability or responsibility all persons, companies or organizations supplying such information.

I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or omission of material facts on the application may be cause for cancellation of this application or immediate dismissal if employed.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that employment at this Company is "at-will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the Company President in a signed writing, has any authority to alter the foregoing.

REQUIRED: Signature of Applicant:	Date of Application:



EEO DATA FORM

Federal and State agencies periodically require that we supply them with information regarding the sex, race, handicapped, and veteran status of our Associates. Therefore we are requesting that you provide us with the following information so we can meet their reporting requirements. This information is considered Company Private and will only be used for reporting purposes.

YOUR COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY.

Name _____

Please Print

Sex: _____ Male _____ Female

Ethnic:

- _____ White (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
_____ Black (Not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
_____ Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
_____ Asian/Pacific All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
_____ American Indian/Alaskan All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

INVITATION TO IDENTIFY

Wabtec Corporation is a government contractor/subcontractor and has developed an Affirmative Action Plan to employ, and advance in employment, qualified individuals with disabilities, special disabled veterans, veterans of the Vietnam Era, and other covered veterans. This Affirmative Action Plan is available for inspection in the Human Resources Department during regular business hours.

If you have a disability or are a special disabled veteran, veteran of the Vietnam Era, or other covered veteran and would like to be considered as a participant under our Plan, please tell us. This information is voluntary, and failure to disclose it will not subject you to any adverse action. You may also identify yourself at any time in the future if you do not wish to do so now. This information is confidential except that: (1) supervisors and managers may be told about restrictions on the work or duties of persons with disabilities and necessary accommodations; (2) first aid and safety personnel may be informed regarding the need for possible emergency treatment; and (3) government officials reviewing compliance with the law may be informed.

_____ Vietnam Era Veteran _____ Other Covered Veteran

And I am voluntarily requesting coverage under the Affirmative Action Plan.

My disability is: _____

Military Service Dates (Vietnam Veterans only): _____

Branch of Armed Forces: _____

Campaign/Expedition (Other Covered Veterans): _____

I have the following special skills: _____

The following special accommodations would permit me to perform jobs utilizing my skills:

_____ I am not a Vietnam Veteran, Special Disabled Veteran or Other Covered Veteran.

_____ I am not an Individual with a Disability.

Signature _____ Date _____

Return form to the Human Resources office in Boise, in an envelope marked "Company Private".