

RAIL WORKERS TRAINING PROGRAM STUDENT APPLICATION
 ALL FIELDS MUST BE COMPLETED OR YOUR APPLICATION WILL NOT BE PROCESSED
PLEASE PRINT CLEARLY

NAME: _____

Last First MI

ADDRESS: _____

Street Apt. #

City State Zip Code Last 4 of Social Security Number

Date of Birth Education Race Gender

Email Address Phone Number

LATEST EMPLOYER NAME: _____ JOB FUNCTION: _____

- | | | | |
|--------------------------------|-------------------------------|--------------------------------|--------------------|
| <input type="checkbox"/> ATDA | <input type="checkbox"/> BRS | <input type="checkbox"/> TWU | |
| <input type="checkbox"/> BLET | <input type="checkbox"/> IBB | <input type="checkbox"/> SMART | Other: _____ |
| <input type="checkbox"/> BMWED | <input type="checkbox"/> NCFO | <input type="checkbox"/> TCU | Local Union: _____ |

30-Hr Railworker Chemical Emergency Response Operations and 10-Hr OSHA General Industry Outreach Safety Course

Please select which training session you would like to attend-
 Rate the dates by preference, 1 being most preferred.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
| 1 | 2 | 3 | 4 | April 27-May 2, 2014 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | June 1-6, 2014 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | June 8-13, 2014 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

*This training will be conducted at the Val Jahnke Training Facility: 8030 Braniff Street, Houston, TX 77061.

Check the following certifications/skills that you currently possess:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Boom Truck | <input type="checkbox"/> Conductor | <input type="checkbox"/> Foreman | <input type="checkbox"/> Signal Department |
| <input type="checkbox"/> Brake/Switch Person | <input type="checkbox"/> Crane Operator | <input type="checkbox"/> Forklift Operator | <input type="checkbox"/> Small On-Track Equipment |
| <input type="checkbox"/> Car Repairman | <input type="checkbox"/> Dispatcher | <input type="checkbox"/> Fuel Platform Attendant | <input type="checkbox"/> Steam Cleaner Operator |
| <input type="checkbox"/> Certified Welder | <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Fuel Truck | <input type="checkbox"/> Surface and Lining Equipment |
| <input type="checkbox"/> Class A CDL | <input type="checkbox"/> Dust Control | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Track Inspector |
| <input type="checkbox"/> Class B CDL | <input type="checkbox"/> Engineer | <input type="checkbox"/> Low Boy | <input type="checkbox"/> - other |
| <input type="checkbox"/> Class C License | <input type="checkbox"/> Flatbed Trailer | <input type="checkbox"/> Remote Control Operator | |

If you have served in the Military, please check any categories that apply:

- | | | | |
|--------------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserves | <input type="checkbox"/> Veteran |
|--------------------------------------|---|-----------------------------------|----------------------------------|

For Instructor Use Only-- DO NOT MARK IN THIS SECTION

Presented Medical Qualification: _____

Exam Date

Student Failed/Dropped

ID Check
Instructor Initial