For Office Use Only
Hire By: _____________
(This person must also sign pages 5,6,& 7)
Rate of Pay: __________

SIMMONS RAILROAD GROUP LLC
38277 Bullion Switch Rd.
Prairieville, LA 70769
Phone 225.673.2121
Fax 225.673.2051

Employment Application

Date: ________________________ Position Applied for: _____________________________

Name: ____

Address: ____

City: _____________________________ State: ________________________ Zip: _____________________

Date of Birth: _______________________ Married: ____ Single: _____

Good contact number for you: _____________________________

Driver's License Number: __________________________ Social Security Number: ____________________

Emergency Contact: ______________________________ Relationship: _____________________________

Emergency Contact Phone Number: __________________________

Do you have a Basic Plus Card? *Yes*_____ *No*_______ *If Yes, Expiration Date:* _________

Do you have a TWIC Card? *Yes*_____ *No*_______ *If Yes, Expiration Date:* _________

Do you have a Security Passport Card? *Yes*_____ *No*_______ *If Yes, Expiration Date:* _________

Please list any site-specific, or other training you have received at the Safety Council and any relative work experience.

____

____

____

____

_______________________________________ __________________________________

Signature Date

Notice to All Employees

We are committed to providing Workers' Compensation benefits to all employees who sustain an employment related injury in accordance with Louisiana law.

If a work related injury or disability is caused. or made worse, by a "pre-existing" condition, Simmons Railroad Group LLC may be able to seek partial reimbursement of the benefit dollars paid to you, or on your behalf, from the Louisiana Second Injury Fund. Such reimbursement would be made to Simmons Railroad Group LLC without reduction in benefits to you.

In order for Simmons Railroad Group LLC to be considered for reimbursement from the Second Injury Fund, it has to show that it knowingly hired or knowingly retained the employee with a pre-existing disability. To establish this fact, Simmons Railroad Group LLC requires all employees to complete the attached questionnaire.

The information obtained from the questionnaire will be kept CONFIDENTIAL and will not be made part of your personnel file. As you complete the attached questionnaire, you should be aware that:

FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN FORFEITURE OF YOUR WORKERS' COMPENSATION BENEFITS UNDER LA R.S. 23:1208.1

I have read the foregoing notice and have completed the attached questionnaire to the best of my knowledge, information and belief.

____ ____________________

Employee Signature Date

____

Employee Name Printed

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Please answer the following questions by circling either **YES or NO**

1. Have you ever had a disease or disability arising from your occupations? If YES, please explain:

YES NO

____

2. Have you ever received workers' compensation benefits for an injury that occurred at work?

YES NO

If YES, when? ____________________

How long were you on compensation?

____

Name of Employer: ____

Nature of Injury: ____

3. Have you ever been rejected for employment, insurance or military service because of health?

YES NO

If YES, please explain:

____

____

4. Have you ever had back trouble or injury to your back, head or neck?

YES NO

If Yes, Please explain:

____

____

5. Do you have any restrictions or limitations upon your physical activities?

YES NO

If YES, please explain:

____

6. Please list all operations, accidents, broken bones. strains or serious illnesses have you had:

YES NO - If YES, please explain:

____

____ ____________________________

Signature Date

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Please place a check in the appropriate box next to each medical condition listed below. Each illness or condition requires a Yes (Y) or No (N) answer. For all conditions that you check yes, write a brief explanation on the Explanation Page.

Disease and Other Medical Conditions [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

Y N	Y N	Y N	Y N
☐ ☐ Diabetes	☐ ☐ Cerebral Palsy	☐ ☐ Arthritis	☐ ☐ Heart Disease/Heart Attack
☐ ☐ Silicosis	☐ ☐ Tuberculosis	☐ ☐ Parkinson's	☐ ☐ Congestive Heart Failure
☐ ☐ Varicose Veins	☐ ☐ Multiple Sclerosis	☐ ☐ Brain Damage	☐ ☐ Vision Loss, one or both eyes
☐ ☐ Asbestosis	☐ ☐ Post Traumatic Stress	☐ ☐ Asthma	☐ ☐ Disability from Polio
☐ ☐ Hyperinsulinism	☐ ☐ Osteomyelitis	☐ ☐ Dementia	☐ ☐ Psychoneurotic Disability
☐ ☐ Alzheimer's	☐ ☐ Nervous Disorder	☐ ☐ Thrombophlebitis	☐ ☐ Ruptured or Herniated Disc
☐ ☐ Emphysema	☐ ☐ Muscular Dystropy	☐ ☐ Arteriosclerosis	☐ ☐ Ankylosis or Joint Stiffening
☐ ☐ Hearing Loss	☐ ☐ Migraine Headaches	☐ ☐ Hodgkin's	☐ ☐ High/Low Blood Pressure
☐ ☐ COPD	☐ ☐ Mental Retardation	☐ ☐ Cancer	☐ ☐ Carpal Tunnel Syndrome
☐ ☐ Hypertension	☐ ☐ Kidney Disorder	☐ ☐ Double Vision	☐ ☐ Compressed Air Sequelae
☐ ☐ Head Injury	☐ ☐ Loss of Use of Limb	☐ ☐ Mental Disorders	☐ ☐ Disease of the Lung
☐ ☐ Epilepsy	☐ ☐ Seizure Disorder	☐ ☐ Hemophilia	☐ ☐ Coronary Artery Disease
☐ ☐ Stroke	☐ ☐ Sickle Cell Disease	☐ ☐ Bleeding Disorder	☐ ☐ Heavy Metal Poisoning

Surgical Treatment [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

Y N

☐ ☐ Spinal Disc Surgery — Year (approximate if unsure)___________

☐ ☐ Spinal Fusion Surgery — Year (approximate if unsure)___________

☐ ☐ Amputated Foot — Left ☐ Right ☐ Year (approx. if unsure) ___________

☐ ☐ Amputated Leg — Left ☐ Right ☐ Year (approx. if unsure) ___________

☐ ☐ Amputated Arm — Left ☐ Right ☐ Year (approx. if unsure) ___________

☐ ☐ Amputated Hand — Left ☐ Right ☐ Year (approx. if unsure) ___________

☐ ☐ Knee Replacement — Left ☐ Right ☐ Year (approx. if unsure) ___________

☐ ☐ Hip Replacement — Left ☐ Right ☐ Year (approx. if unsure) ___________

☐ ☐ Other Joint Replacement — Joint ________________________ Year ________________

☐ ☐ Other Surgical Procedure — Procedure ___________________ Year ________________

Employee Signature:____ Date: ____________________________

Employer Witness: ____ Date: ____________________________

SIB FORM D 10/10

Employment Policy

Employment at Will Policy

The employment relationship which exists between Simmons Railroad Group LLC and each of its employees is *employment-at-will*. Under this relationship, any employee is free to end his or her employment with Simmons Railroad Group LLC at any time for any reason with or without prior notice. Likewise, Simmons Railroad Group LLC is free to end and individual's employment with at any time for any reason with or without prior notice.

This *Employment-At-Will* statement supersedes and cancels any other communication by Pointer/Smith or any officer or other employee of Simmons Railroad Group LLC, whether written or oral, that states, suggests, or in any way implies that employment at this company is not at-will.

I have read and understand the Simmons Railroad Group LLC Employment Policy.

______________________________	______________________________
Simmons Railroad Group LLC Representative	Simmons Railroad Group LLC Employee
______________________________	______________________________
Date	Date

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Absentee Policy

Anyone reporting off because of illness will be required to produce a valid written document from their attending physician regarding their illness. Failure to produce a valid written document from their attending physician will result in an unexcused absence. Anyone with more than three (3) absences for any reason will be required to confer with Simmons Railroad Group LLC (s) (personally/telephonically) regarding disciplinary action to be taken. Unless approved by Simmons Railroad Group LLC, vacation days will not be allowed to substitute for any absence.

ABSENCES

4	(four) absences will result in a written reprimand.
5 (five)	absences will result in automatic indefinite suspension, not to exclude termination of employment.
6 (six)	absences will result in automatic termination.

UNEXCUSED ABSENCES

1 (one)	unexcused absence will result in a written reprimand.
2 (two)	unexcused absences will result in automatic indefinite suspension not to exclude termination of employment.
3 (three)	unexcused absences will result in automatic termination of employment.

I have read and understand the Simmons Railroad Group LLC Work Policy.

______________________________ Simmons Railroad Group LLC Representative

______________________________ Simmons Railroad Group LLC Employee

____________________ Date

____________________ Date

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Work Policy

All Simmons Railroad Group LLC employees are required to attend work related training (practical/classroom) and display knowledge of such training in their work environment. All Simmons Railroad Group LLC employees will be issued or have access to work related literature including but not limited to copies of: U.S Department of Transportation/Federal Railroad Administration (RRA) Code of Federal Regulations (CFR) Part(s) 213 and 214; FRA General Code of Operating Rules (GCOR) and/or company policies (handbooks, rulebooks, bulletin, etc). As a condition of employment, all Simmons Railroad Group LLC employees are required to familiarize themselves with work related literature (hand books, rulebooks, bulletins, etc.). Failure to comply with work related rules/policies and/or perform work in a satisfactory and/or safe manner will result in disciplinary action. Disciplinary action will be issued by Simmons Railroad Group LLC representative(s) in writing and may be in the form of warning, reprimand, suspension and/or termination of employment, but not necessarily in that order.

I have read and understand the Simmons Railroad Group LLC Work Policy).

______________________________ ______________________________

Simmons Railroad Group LLC Representative | Simmons Railroad Group LLC Employee

______________________________ ______________________________

Date | Date

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Cell Phone Usage Policy

As of this date Simmons Railroad Group LLC will establish and enforce a no cell phone usage policy to persons who drive and are responsible for company owned vehicles. Vehicles should be pulled to the side of the road safely to use cell phones. At no time shall a driver text message while driving.

Personal cell phone usage is strictly prohibited during working hours while on a job for ALL EMPLOYEES. This policy will be strictly enforced.

Employee Signature ______________________ Date ______________________

Supervisor Signature ______________________ Date ______________________

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AUTOMATIC DEPOSIT AUTHORIZATION

SIMMONS RAILROAD GROUP LLC ID46-4393918

I (we) hereby authorize Simmons Railroad Group, LLC, herein after called Company to initiate credit entries and to initiate (if necessary) debits entries and adjustments for any credit entries in error to my:

______ Checking Account

______ Savings Account

Herein after called *Depository*, to credit and / or debit the same to such account.

DEPOSITORY

Name:____

Branch: ____

City: ______________________________________ State: ______________Zip: ____________

Transit /Routing Number:

____

Account Number:

____

This authorization is to remain in full force and effect until *Company* has received written notification from me (or either of us) of its termination in such time and in such manner as to afford *Company* and *Depository* a reasonable opportunity to act on it.

____ ________________________

Printed Name Date

____

Signature

Drug and or Alcohol Testing

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow (DISA or any medical center testing lab) to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Simmons Railroad Group, LLC.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Simmons Railroad Group, LLC, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Simmons Railroad Group, LLC, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

SIGNED this ___________day of _____________, 20___.

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DEPARTMENT OF TRANSPORTATION (DOT)

Applicant Authorization to Release DOT Drug and Alcohol Information from Previous Employer

(As required by 49 CFR Parts 40.25)

SECTION A – TO BE COMPLETED BY THE APPLICANT – PLEASE PRINT CLEARLY		
Applicant Name:	**SS#:**	**Date of Birth:**

I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to DISA Global Solutions, Inc. on behalf of ___________________ in accordance with 49 CFR Part 40.25.

Previous Employer Name (one per form)	**Address**	**Phone Number**	**Fax Number**	**Dates of Employment**

☐ **Check this box if you have NOT performed DOT functions in the past two years.**

Applicant Signature:	**Date:**

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER		
Company:	**Address:**	**City/State/Zip:**
Contact:	**Phone #:**	**Fax #:**

In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 2 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to:

DISA GLOBAL SOLUTIONS INC, Attn: Verifications, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041

Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: Verifications_backgrounds@disa.com

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER		
1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	☐ Yes	☐ No
2. Has this individual had verified positive drug tests?	☐ Yes	☐ No
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results?	☐ Yes	☐ No
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	☐ Yes	☐ No
5. Did a previous employer report a drug or alcohol rule violation to you?	☐ Yes	☐ No
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)	☐ Yes	☐ No

Name (Please Print):	**Title:**	
Signature:	**Phone#:**	**Date:**

****Please Return To: DISA Fax# 713-972-3424**

A reproduction of this form shall be deemed as effective and valid as an original. (Rev. 06/17)

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . **A** ______

B Enter "1" if:
- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** ______

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . **C** ______

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . **D** ______

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** ______

F Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** ______
(**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
- If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child. **G** ______

H Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** ______

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2017

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ▶ ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5** ______

6 Additional amount, if any, you want withheld from each paycheck . . . . **6** $ ______

7 I claim exemption from withholding for 2017, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . ▶ **7** ______

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)