



*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



**EMPLOYMENT HISTORY:**

**Present or Last Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

=====

**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact Your Present Employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

References:

Name/Title Address Phone

\_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

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



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