

FEATHER RIVER RAIL SOCIETY OPERATING DEPARTMENT PERSONNEL RECORD

NAME:

FIRST _____ **LAST** _____

ADDRESS: _____

CITY: _____ **State:** _____ **Zip:** _____

PHONE: Home _____ **BIRTH DATE:** _____

Cell _____ **DRIVERS LIC. #** _____ **State:** _____

Email address: _____

Volunteer Please fill out above this line

ALL MEMBERS OF THE OPERATING DEPARTMENT MUST BE AN ACTIVE MEMBER OF THE FRRS

RULES EXAM Year	DATE	TEST NUMBER	PASS/FAIL	EMERGENCY FORM ON FILE	Release on File	Active Member
2025			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2026			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2027			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2028			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2029			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2030			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2031			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2032			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2033			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2034			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2035			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Active counseling and active Volunteer/Employee Performance Accountability:

<u>Date</u>	<u>Disciplinary Action</u>	<u>Violation</u>	<u>Outcome/Improvement Plans</u>

Over for more information.

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POSITION QUALIFICATION	DATE	CERTIFIED BY	Keys
Student Brakeman			Switch Lock Key
Brakeman			YES <input type="checkbox"/> Number # _____
Student Conductor			Radio Locker Key
Conductor			YES <input type="checkbox"/> Number # _____
Student Hostler			RAL/Loco lock box
Hostler			YES <input type="checkbox"/> Number # _____
Student Fireman			House/Shop Key
Fireman			YES <input type="checkbox"/> Number # _____
Restricted Fireman			
Student Yard Engineer			
Yard Engineer			
Rent-A-Locomotive Engineer			
Student Passenger Engineer			
Passenger Engineer			