



Employment Application

Contact Information

First: _____ Middle: _____ Last: _____
Telephone: _____
E-Mail: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Social Security #: _____ Date of Birth: _____
Drivers License #: _____ State: _____
Date Expires: _____
Hazmat: Yes _____ No _____ T/T Experience: _____
Date Available to Start: _____
Check One -- Owner/Op _____ Company Driver _____

History

Number of Moving Violations: _____
Date(s)/Describe: _____

Number of Misdemeanor and/or Felony Convictions: _____
Charges: _____

City/State: _____
Number of Drinking/Driving Convictions: _____ Date(s): _____

City/State: _____
Number of Accidents: _____
Details: _____

In the past two years, have you tested positive or refused to take a drug screen or alcohol test?
Yes _____ No _____

Previous Employment

List all periods of employment, including unemployment gaps for the past 3 years.

Most Recent Employer: _____
City/State: _____
Dates of Employment: _____ to _____
Position Held: _____
Reason for Leaving: _____
Telephone: _____

2nd Last Employer: _____
City/State: _____
Dates of Employment: _____ to _____
Position Held: _____
Reason for Leaving: _____
Telephone: _____

3rd Last Employer: _____
City/State: _____
Dates of Employment: _____ to _____
Position Held: _____
Reason for Leaving: _____
Telephone: _____

4th Last Employer: _____
City/State: _____
Dates of Employment: _____ to _____
Position Held: _____
Reason for Leaving: _____
Telephone: _____

5th Last Employer: _____
City/State: _____
Dates of Employment: _____ to _____
Position Held: _____
Reason for Leaving: _____
Telephone: _____

6th Last Employer: _____
City/State: _____
Dates of Employment: _____ to _____
Position Held: _____
Reason for Leaving: _____
Telephone: _____

CONFIDENTIAL

Inquiry of Past Employers/Mailed or Faxed

(Former Employer) (Date)
I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application with said company. I hereby release this company from any and all liability of any type as a result of providing the following information to the above mentioned person or past employer.

(Applicant's Signature) (Witness Signature)

Personnel Manager:
The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

From:
Name: Sandy Elliott Signature: _____
Title: Safety Director
Company: Valley Transportation Services, Inc
Address: 73137 St Hwy 16
City: Grand Meadow State: MN Zip Code: 55936

Name of Applicant: _____ Social Security #: _____
Job Applied For: _____
Did the applicant work for you as a _____ from _____ to _____ ? YES or NO
Employed as a (check one):
 Company Driver Owner/Operator Other _____
If employed as a driver, please answer the following:
Type of tractor: _____
Type of trailer: _____
Other equipment: _____
Commodities transported: _____
General area of operation: _____
Accidents? Yes No
Dates: Preventable/Non-Preventable Brief Description
1.) _____
2.) _____
3.) _____
Citations? Yes No Brief Description: _____
License(s) suspended? Yes No Type of license: _____
State: _____ License number: _____
Any problems with bonding? Yes No If yes, explain: _____
Why did this employee leave your company? _____
Would you re-employ this person? Yes No If no, explain: _____

Drug/Alcohol Test(s): Drug Alcohol

Date(s) of test(s) resulting in confirmed positive results: _____

Date(s) applicant refused to submit to testing: _____

Date(s) of any rehab completion under direction of SAP/MRO: _____

Additional comments:

Signature _____ Date _____ Company _____

Company Name: **VALLEY TRANSPORTATION SERVICES, INC**

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and you driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

X _____
Applicant's signature

Date

Print name

Social Security Number