

APPLICATION FOR EMPLOYMENT



Valley View Trucking, LLC
2875 State Highway 63; Seneca, KS 66538
785-336-5355

Valley View Trucking, LLC is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resources Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Address _____
Street Apt. # City State Zip Code

How long at current address? _____

Addresses for the past Three Years:

_____ Dates _____

_____ Dates _____

(Attach sheet if additional space is needed.)

Telephone # _____ Current Driver's License (if applicable) _____ Yes _____ No

Email Address _____

Have you worked for this company previously? (Circle) YES or NO

If yes, when? _____ Position _____

Reason for leaving? _____

Are you now employed? _____ If not, how long since last employed? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might not be able to perform the functions of the job for which you have applied (as described in the position's job description)? If yes, please explain. _____

Application for Employment

EXPERIENCE AND QUALIFICATIONS-DRIVERS

Drivers

License _____

(State)

(License Number)

(Expiration Date)

List states operated in the last five years _____

Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations)

(Location)

(Date)

(Charge)

(Penalty)

Have you ever been denied a license, permit or privilege to operate a motor vehicle

Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked?

Yes _____ No _____

(If the answer is yes to either of the two previous questions, attach statement-giving details)

If any, list which safe driver rewards you hold and from whom _____

Show special courses or training that will help you as a driver _____

List courses and training other than shown elsewhere in this application _____

List special equipment, technical materials you can work with and other experience that may help in your work for this company. (Other than those already shown)

DRIVING EXPERIENCE

Class of
Equipment

Type of Equipment
(Van Tank Flat Etc)

Dates
From - To

Approximate Number of Miles
(Total)

Straight Truck _____

Tractor & Semi Trailer _____

Other _____

If no driving experience – Check Box

☐

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

Date _____ Nature of the Accident _____
(Head-on Rear-end Upset Ect) Fatality Injury Non-Injury Last Accident

Next

Previous _____

Next

Previous _____

If no accidents for the last 3 years – Check Box

☐

EMPLOYMENT HISTORY:

All Drivers applying to drive in intrastate or interstate commerce must prove the following information on employers during the **preceding three years**. List mailing address, street number, city, state and zip code.

Applicants applying to drive a "**commercial motor vehicle**" as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for who the applicant driver operated such vehicle.
(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Name _____ From: Month _____ Year _____ To: Month _____ Year _____

Address _____ Position held _____

City _____ State _____ ZipCode _____ Salary/Wages _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSR's while employed? _____ Yes _____ No

**Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFT Part 40? _____ Yes _____ No **

Name _____ From: Mont _____ Year _____ To: Month _____ Year _____

Address _____ Position held _____

City _____ State _____ ZipCode _____ Salary/Wages _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSR's while employed? _____ Yes _____ No

**Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFT Part 40? _____ Yes _____ No **

Name _____ From: Month _____ Year _____ To: Month _____ Year _____

Address _____ Position held _____

City _____ State _____ Zip Code _____ Salary/Wages _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSR's while employed? _____ Yes _____ No

**Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFT Part 40? _____ Yes _____ No **

Name _____ From: Month _____ Year _____ To: Month _____ Year _____

Address _____ Position held _____

City _____ State _____ Zip Code _____ Salary/Wages _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSR's while employed? _____ Yes _____ No

**Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFT Part 40? _____ Yes _____ No **

Name _____ From: Month _____ Year _____ To: Month _____ Year _____

Address _____ Position held _____

City _____ State _____ Zip Code _____ Salary/Wages _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSR's while employed? _____ Yes _____ No

**Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFT Part 40? _____ Yes _____ No **

Name _____ From: Month _____ Year _____ To: Month _____ Year _____

Address _____ Position held _____

City _____ State _____ Zip Code _____ Salary/Wages _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSR's while employed? _____ Yes _____ No

**Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFT Part 40? _____ Yes _____ No **

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AUTHORIZATION - - - to be read and signed by applicant

This certifies that I completed this application and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only of and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given on my application of interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

Signature _____ Date _____

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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Date: _____

I _____, have applied at this company for a
position as _____ and give Valley View Trucking,
LLC permission to contact my previous employer to acquire previous employment information.

I state that I was employed by _____ as
_____ from (dates) _____ to
_____.

Employee/Applicant's Signature

Date