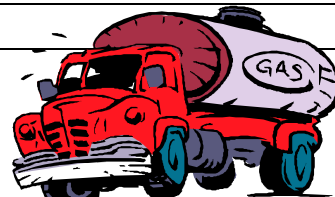




Drug and Alcohol Testing Required

Office use only: Location _____ Solicited Y N



Employment Application

SOCIAL SECURITY No. _____ DATE OF BIRTH ____ / ____ / ____ (PER DOT 391.212)

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAMES _____

TODAY'S DATE _____ Current Telephone No. _____

Cell Phone No. _____ Email Address _____

PRESENT MAILING/PHYSICAL ADDRESS

STREET\PO BOX CITY STATE ZIP HOW LONG

IF LESS THAN THREE YEARS, PLEASE FURNISH PREVIOUS ADDRESSES OR P.O. BOX:

STREET CITY STATE ZIP HOW LONG

DRIVERS LICENSE

From time to time, almost every employee may be asked to drive a company vehicle on some sort of company related business. Therefore, our insurance carriers require that we ask the following:

NUMBER _____ CLASS _____ STATE _____ EXPIRATION DATE _____

HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED, SUSPENDED OR DENIED?
 NO YES (explain below)

HAVE YOU EVER BEEN CONVICTED OF (OR PLEAD "NO CONTEST" TO) A FELONY OR MISDEMEANOR? NO YES
 (Conviction of a felony or misdemeanor does not necessarily exclude an individual from consideration for a job. We run a background check on every applicant, so please disclose any past convictions.) Full disclosure- please explain below:

IF RELATED TO ANYONE IN OUR EMPLOY, REFERRED BY:
 STATE NAME AND DEPARTMENT

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

WAGE/SALARY DESIRED \$ _____

ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

EMPLOYER'S NAME _____ TELEPHONE _____

CONTACT _____ POSITION _____

CAN YOU, AFTER RECEIVING AN OFFER OF EMPLOYMENT, SUBMIT VERIFICATION
OF YOUR LEGAL RIGHT TO WORK IN THE U.S. WITHIN 3 DAYS OF HIRE? YES NO

ARE YOU 18 YEARS OR OLDER? YES NO

Why do you feel qualified for this position? Why should Valley Pacific hire you?

EDUCATION

NAME AND LOCATION OF SCHOOL	DEGREE	SUBJECTS STUDIED
HIGH SCHOOL		

COLLEGE _____

TRADE, BUSINESS
OR CORRESPONDENCE
SCHOOL _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____

READ _____ WRITE _____

REFERENCES

Give below the names of three people (not employers or relatives) whom you have known at least one year.

Name

Address

Telephone

Occupation

1. _____

2. _____

3. _____

ESSENTIAL JOB FUNCTIONS:

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? YES NO

(COPY OF JOB DESCRIPTION IS AVAILABLE FOR YOUR REVIEW)

DRIVER APPLICANTS: (If not applying for a driver position, skip this box.)

Indicate below the types of commercial equipment you are qualified to drive:

Tank Truck Tank Truck & Trailer Tractor Trailer (full trailers, semi-trailers) Buses

Other DOT regulated equipment/endorsements listed here-

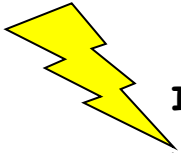
Check if your job was designated as safety sensitive (required drug and alcohol testing)

Check if your job was subject to the Federal Motor Carrier Safety Regulations (FMCSR)

EXPERIENCE: List your driving experience with the vehicles checked above.

ACCIDENTS: List all motor vehicle accidents in which you were involved during the past three years. Specify the date, nature of the accident and any fatalities or personal injuries caused.

VIOLATIONS: List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the past three years.



IMPORTANT! As you read this, initial the boxes and then sign the application.

My signature below certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. []

I understand that if any information on this application is determined to be false or misleading, or if information is omitted by me, such will constitute grounds for rejection of this application, or, if I am employed, the later discovery of such falsification, omission, etc. will be grounds for immediate termination of employment. []

I understand that, if offered employment, I will be required to pass a substance-abuse test and a job-specific physical-fitness test. []

I understand that, before beginning work, I will receive a copy of the Employee Handbook, which I will be required to read and acknowledge. []

I understand that Valley Pacific is an “at will” employer that does not offer any assurance of continued or future employment. []

In connection with, and for the duration of, my employment with Valley Pacific, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from California Drug Testing Associates (CDTA), 1011 Camino Del Rio South, Suite 200, San Diego, CA 92108 Phone Number: 888.908.2382. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This release may also be used to obtain worker’s compensation and education records. I request, authorize, and unconditionally consent to the release of any and all such information to Valley Pacific consistent with all state and federal laws and hereby release and hold harmless every person or entity that communicates such information to Valley Pacific in good faith and without malice from any and all claims or liability of any type whatsoever. []

I understand that the information requested from CDTA is being sought for employment purposes and that my offer of employment may be affected by information contained in the consumer reports received from CDTA. []

Under Section 1786.22 of the California Civil Code, I have the right to request from CDTA, upon proper identification, the nature and substance of all information in its files on me, including the sources of information, and the recipients of any reports on my which CDTA has previously furnished within the two-year period preceding my request. I may view the file maintained on my by CDTA during normal business hours. I may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, I may receive a summary report via telephone. []

I authorize, without reservation, any party or agency contacted by Valley Pacific to furnish the above mentioned information.

SIGNATURE DATE

Please check here to have a copy of your consumer report sent directly to you.

DOT Previous Employee

Information & release

SSN: _____
Stat _____

_____ to
San Diego, CA 92108. (888)-908-2
Transportation & Federal Motor Car
ious employer is limited to the follo

ing regulations;
rug and alcohol rule violation;
-duty process following a rule viola

History

 Yes No
d time driven for you:
hs
____ years _____ months
Doubles Van

 Yes No
g? Yes No
jed Resigned
 No Upon Review
 Yes No
in-preventable

Date: _____

Department of Transportation Information concerning named d

icant ever:

er?
iding a

requirements?
rom previous employers?
lid the employee N/A

Title: _____
Date: _____

Information Release

A Part of National Compliance So
k habits, performance and experier
information from various federal, :
ices as well as notable criminal ac
education records.
nd the summary of my rights under

