



VALU AUTO LLC APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

FIRST NAME:	MIDDLE NAME: LAST NAME:
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PHONE: EMAIL:

DATE OF BIRTH:	SOCIAL SECURITY #:	
DATE OF APPLICATION:	POSITION APPLIED FOR:	DATE AVAILABLE TO WORK:

Do you have legal right to work in the United States? ___ YES ___ NO

PREVIOUS THREE YEARS RESIDENCY

	STREET CITY STATE	ZIPCODE	# OF YEARS AT ADDRESS
CURRENT			
MAILING			
PREVIOUS			
PREVIOUS			
PREVIOUS			

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than 1 driver's license, I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses for the past 3 years.

STATE: LICENSE # TYPE/CLASS ENDORSEMENTS EXPIRATION DATE Previously Held Licenses:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE FROM	DATE TO APPROX # OF MILES(TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR & 2 TRAILERS			
TRACTOR & TANKER			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS

DATE: NATURE OF ACCIDENT # OF FATALITIES # OF INJURIES CHEMICAL SPILLS(Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3

YEARS DATE

CONVICTED	VIOLATION STATE OF	PENALTY
	VIOLATION	

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ Yes
___ No If yes, explain:

Has any license, permit of privilege ever been suspended or revoked? ___ Yes ___ No

If yes, explain:

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations require that all applicants wishing to drive a commercial vehicle list all employment for the last three(3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven(7) years for a total of ten(10) years. Any gaps in employment in excess of one(1) month must be explained.

NAME: PHONE:

ADDRESS:

POSITION HELD:

FROM:

TO:

REASON FOR LEAVING: SALARY:

EXPLAIN ANY GAPS IN EMPLOYMENT:

WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER
SAFETY REGULATIONS? ___ Yes ___ No

WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF

**TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES
TESTING AS REQUIRED BY 49CFR,PART 40? ___ Yes ___ No**

EMPLOYMENT HISTORY

NAME: PHONE: ADDRESS:

POSITION HELD: FROM: TO: REASON FOR LEAVING: SALARY:

EXPLAIN ANY GAPS IN EMPLOYMENT:

**WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER
SAFETY REGULATIONS? ___ Yes ___ No**

**WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF
TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES
TESTING AS REQUIRED BY 49CFR,PART 40? ___ Yes ___ No**

EMPLOYMENT HISTORY

NAME: PHONE: ADDRESS:

POSITION HELD: FROM: TO: REASON FOR LEAVING: SALARY:

EXPLAIN ANY GAPS IN EMPLOYMENT:

**WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER
SAFETY REGULATIONS? ___ Yes ___ No**

**WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF
TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES
TESTING AS REQUIRED BY 49CFR,PART 40? ___ Yes ___ No**

EMPLOYMENT HISTORY

NAME: PHONE:

ADDRESS:

POSITION HELD: FROM: TO:
REASON FOR LEAVING: SALARY:

EXPLAIN ANY GAPS IN EMPLOYMENT:

WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? Yes No
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49CFR,PART 40? Yes No

<u>EDUCATION</u>		
SCHOOL NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED
		GRADUATE? DETAILS
HIGH SCHOOL		
COLLEGE		
OTHER		

OTHER QUALIFICATIONS:

TO BE READ AND SIGNED BY APPLICANT:

I authorize you to make investigations(including current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, 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 in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed the application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

APPLICANT SIGNATURE: DATE:

APPLICANT NAME(PRINTED):