Valley Wide Logistics Inc.
4719 Quail Lakes Dr, #G219, Stockton, CA 95207; vawd36@gmail.com; 209-871-7290

APPLICATION FOR EMPLOYMENT
(Non-DOT Regulated Position)

Please provide complete and legible information. An incomplete Application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

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

How did you hear about this position (employee referral, ad, web positing, etc.?)

_____

Will you now or in the future require sponsorship by this Company to attain or maintain your employment status? ☐ YES ☐ NO

Note: If hired, you must complete Section 1 on Form I-9 required by the U.S. Immigration and Naturalization Service no later than first day of work and provide the documentation required by Section 2 no later than three (3) business days after you start work. A copy of the back of Form I-9, listing acceptable documentation, is available.

Type of work sought?   Full Time _____   Part Time _____   Temporary _____

* * *

Thank you for your interest in employment with this Company. The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant on the basis of age, sex, sexual orientation, gender, gender identity or expression, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, familial status, genetic information, uniform service or veteran status, or any other legally protected basis under applicable federal, state or local laws, regulations, or ordinances. The Company will provide reasonable accommodations to allow an applicant to participate in the application and hiring process if requested. Please inform us if you need assistance completing any forms or to otherwise participate in the application process.

EMPLOYMENT HISTORY

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip, and complete all other information.

CURRENT/MOST RECENT EMPLOYER

NAME		PHONE	
ADDRESS			

POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

SECOND (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			

POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

THIRD (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			

POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

If you need additional space, please continue on a separate sheet of paper.

May we contact your current employer? If not, please explain.

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	N	DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

CERTIFICATION - *PLEASE READ CAREFULLY BEFORE SIGNING*

I consent to and authorize the Company to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. Unless I noted otherwise, I further authorize the listed employers, schools, and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party/parties for providing a reference as part of this application process. I understand that any employment or offer of employment arising from this Application for Employment will be subject to satisfactory verification of all job qualifications and information contained in this Application for Employment, which may include academic credentials, licenses, professional designations, references, credit and employment history, and motor vehicles and other background checks, to the extent permitted by and in accordance with applicable law.

_____ (Please initial here to indicate that you have read and understand the above paragraph.)

I expressly agree and understand that completion of this application is a preliminary step to employment. It does not obligate the Company to offer me employment or for me to accept employment. I further agree and understand that in the event I am employed by the Company, my employment with the Company will be "at will." This means that my employment is not for a specified term and that it may be terminated by the Company or me at any time, for any reason, with or without cause or notice. **I understand that no document or any statement of any employee of the Company constitutes a contract of employment between me and the Company that in any way alters or changes my employment at will status.** I further understand that the at-will nature of my employment cannot be changed, on an individual or collective basis, except by a formal written contract, stating it is a contract of employment, signed by the President/CEO of the Company. I understand that this Application for Employment does not constitute an agreement or contract for employment between me and the Company.

_____ (Please initial here to indicate that you have read and understand the above paragraph.)

In the event I am employed by the Company, I understand that I will be expected to comply with all rules and regulations as set forth in the Company's policies and in any communications made to me. I understand that while the company makes every effort to accommodate individual preferences, business needs may make the following necessary: overtime; shift work; a rotating work schedule; a work schedule that includes weekend work.

_____ (Please initial here to indicate that you have read and understand the above paragraph.)

By my signature below, I certify under penalty of perjury that all of the foregoing information is true and complete, and I understand that any falsification or omission of information may result in denial of employment; or, if I am employed by the Company, may result in termination regardless of the time lapse before discovery.

ARIZONA APPLICANTS ONLY: THE SMOKE-FREE ARIZONA ACT, A.R.S. § 36-601.01, PROHIBITS SMOKING IN PLACES OF EMPLOYMENT AND WITHIN 20 FEET OF ALL ENTRANCES, OPEN WINDOWS, OR VENTILATION SYSTEMS.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics, etc. during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company. ☐

MARYLAND APPLICANTS ONLY: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100.

MASSACHUSETTS APPLICANTS ONLY: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

MONTANA APPLICANTS ONLY: THE EMPLOYMENT RELATIONSHIP IS GOVERNED BY THE WRONGFUL DISCHARGE FROM EMPLOYMENT ACT. MONT. CODE ANN. § 39-2-901.

RHODE ISLAND APPLICANTS ONLY: IF YOU PROVIDE FALSE INFORMATION ABOUT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT ACCOMMODATIONS, YOU MAY BE BARRED FROM FILING A CLAIM UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT OF THE STATE OF RHODE ISLAND.

This 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.

Signature: _____   Date_____

Name (please print): _____