



6003 STATE ROAD 76, OSHKOSH, WI 54904

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application \_\_\_ / \_\_\_ / \_\_\_ Social Security #: \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Last Name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Table with 5 columns: Address For Past Three Years?, Street, City, State, Zip, How Long? (repeated twice)

Do you have the legal right to work in the United States? [ ] Yes [ ] No Can you provide proof of age? [ ] Yes [ ] No

Position Applying for: [ ] Local-Oshkosh [ ] Oshkosh/Chicago [ ] Over the Road [ ] Other \_\_\_\_\_

When are you available to start work? \_\_\_ / \_\_\_ / \_\_\_

Have you worked for this company before? [ ] Yes [ ] No Dates: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Rate of Pay? \$ \_\_\_\_\_ Position you held? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you now employed? [ ] Yes [ ] No If not, how long since last employment? \_\_\_\_\_

Rate of pay expected: \$ \_\_\_\_\_

How did you hear about us? [ ] Newspaper [ ] Careerbuilder.com [ ] ClassADrivers.com [ ] JobNet [ ] Walk In [ ] Billboard [ ] Radio

[ ] Current Employee: \_\_\_\_\_ [ ] Previous Employee: \_\_\_\_\_ [ ] Other \_\_\_\_\_

By submitting this application, I give permission for Valley Express to order MVRs, DAC reports, and do background checks. I also authorize them to release my MRV to the insurance agent to review insurability. [ ] I Agree To These Terms

Is there any reason you might know of that might inhibit you from performing the tasks related to the position for which you have applied for? \_\_\_\_\_

If yes, please explain based on what you understand those tasks are. If you need additional space for your response, please attach a supplemental document: \_\_\_\_\_

Notice to Applicant: Before you continue in filling out the remainder of this application, we must inform you that the information you have provided so far, and any and all information you are about to disclose, in accordance with 49 CFR Part 391.21(b)(10) of the Federal Motor Carrier Safety Regulations (FMCSRs), may be used and your previous employers "will be" contacted for the purpose of investigating your safety performance history as required by 391.23(d) and 391.23(e) of the

**FMCSRs. If it has not already been provided for you, please ask for a written copy of your “due process rights” regarding any and all information obtained during the processing of your history as specified in 391.23(l).**

# EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on the employers for whom the applicant operated such vehicle.

**Note: List employers in reverse order, starting with the most recent. Add another sheet if necessary.**

Name	From Mo.                      Yr.	To Mo.                      Yr.
Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

Name	From Mo.                      Yr.	To Mo.                      Yr.
Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

Name	From Mo.                      Yr.	To Mo.                      Yr.
Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

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Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

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\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

## EXPERIENCE AND QUALIFICATIONS - OTHER

Accident record for past three (3) years or more. Attach sheet if more space is needed.

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			

Traffic convictions for the past three (3) years (other than parking violations).

Location	Date	Charge	Penalty

(Attach a sheet if more space is needed).

## EDUCATION

Enter highest grade completed (K-8): \_\_\_\_\_ High School (1-4): \_\_\_\_\_ College (1-4): \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
Name City, State

## EXPERIENCE AND QUALIFICATIONS – DRIVER

	State	License #	Type	Expiration Date
Driver Licenses				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?    Yes \_\_\_ No \_\_\_
- B. Has any license, permit, or privilege ever been suspended or revoked?                    Yes \_\_\_ No \_\_\_
- C. Have you ever been convicted of a felony or misdemeanor?                                Yes \_\_\_ No \_\_\_

Explain any of the above \_\_\_\_\_

Driving Experience: Check Here if No Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor-Trailer				
Doubles/Triples				
Other				

List states you operated in for the last five years \_\_\_\_\_

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

Which safe driving awards do you hold and from whom \_\_\_\_\_

Show any trucking, transportation, or other experience that may help in your work for this company

\_\_\_\_\_

\_\_\_\_\_

List courses and training other than that shown elsewhere in this application.

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List special equipment or technical materials you can work with (other than those already shown).

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## TO BE READ AND SIGNED BY APPLICANT

Sec. 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

**The prospective employee is required by Sec. 40.25(j) to respond to the following questions.**

- 1. Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?**

**Check one:** Yes  No

- 2. If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?**

**Check one:** Yes  No

This certifies that I completed this application, and that all entries and information documented by me are true and complete to the best of my knowledge. **By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004.** Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Date



Applicant's Signature





6003 STATE ROAD 76, OSHKOSH, WI 54904  
888-231-1818 PHONE ■ 920-231-2297 FAX

Motor Vehicle Record Release and Authorization Form

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agent, whose names and addresses are as follows:

Employer

Valley Express LLC  
6003 State Road 76  
Oshkosh, WI 54904

Insurance Agent

The Murphy Insurance Group  
P.O. Box 10  
Waunakee, WI 53597

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Full Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



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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 your driving record may be obtained on you for employment purposes. Sections 382.413, 391.23 and 391.25 of the Federal Motor Carriers Safety Regulations require these reports.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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Pre-Employment Drug and Alcohol Test Consent Form

On \_\_\_\_\_, I, \_\_\_\_\_, hereby give my full consent to submit to a substance abuse drug test in accordance with the requirements of the Federal Motor Carriers Safety Regulations, Title 49 CFR Part 40, and this Company's Drug and Alcohol Abuse Policy.

I understand that all prospective drivers must submit to a substance abuse test and that a urine sample will be collected and tested for controlled substances.

I give my full consent to the release of my substance abuse test results to the Valley Express authorized Medical Review Officer(s) [MRO], who will then release the audited results to an authorized agent of Valley Express.

I agree that if I test positive for use of controlled substances, or do not pass my physical examination/provide an unexpired Medical Certification, or disagree to sign a written authorization for the release of my past 3 years of drug test results, I will not be considered for employment by Valley Express and/or may be terminated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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## Applicants Due Process Rights Notification

- i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years- via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:
- (i)(1)(i) The right to review information provided by previous employers;
  - (i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
  - (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- (i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
- (j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.
- (j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
- (j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
- (j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
- (j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;
  - (j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
- (j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.
- (j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at [§386.12](#).
- (k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.
- (k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.
- (l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against-
- (l)(1)(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
  - (l)(1)(ii) A person who has provided such information; or
  - (l)(1)(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.
- (l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.