

Application For Employment Commercial Drivers

For Employment With
Value Logistics, Inc.
4685 E. Holmes Rd.
Memphis, TN 38118

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Name _____ DOB _____ SSN _____
Last First Middle

Address _____ How Long _____
Street City State Zip

Phone _____ Cell _____

Email _____

Previous Address _____ How Long _____
(Go Back 3 years) Street City State Zip

Address _____ How Long _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____
Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position Held _____

Reason for leaving: _____

Currently Employed _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use this space for comments, additional information, or to explain periods of time between employers.

Driving Qualifications And Experience

LICENSES HELD

State: _____ License No: _____ Type: _____ Expiration Date: _____
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EQUIPMENT EXPERIENCE

Equipment Class	Equipment Type	For How Long? (yrs)	Total Miles (Approx.)
Tractor			
Tractor w/ Two-Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years? Yes _____ No _____

Accidents And Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

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Describe: _____

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? _____ If so, when and what branch? _____ - _____

Please list any training you have received that you think will benefit you in the position for which you are applying. _____

Please provide three personal references.

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have not mentioned previously, special accomplishments or comments you would like us to consider.

**Carefully Read The
Following And Sign**

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature _____

Date _____

(Do not write below this line - Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments:

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc. : _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____

Driver Safety Performance History Inquiry

To: _____

Date: _____

Dear Sir/Madam:

The following driver has applied for employment with our company. Please complete this Driver Safety Performance History Inquiry and return by fax/mail to the above address. The release of this information is required according to Federal Motor Carrier Safety Regulations, 49 CFR Parts 40 and 391 pursuant to the applicant's written authorization (below). Your quick response to this inquiry is greatly appreciated.

Driver's Authorization for Release of Safety Performance

I, _____ hereby authorize _____ to
(Applicant's name) *(previous employer)*

release the following safety performance history information to: _____
(prospective employer)

in accordance with 49 CFR Parts 40.25 and 391.23.

Applicant's Signature _____ Date _____

Dates of Employment Beginning _____ Ending _____
(Month/Year) *(Month/Year)*

Type of Equipment:
(check all that apply)

Vehicle	Equipment	Cargo
<input type="checkbox"/> Motorcoach/school bus	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> General commodities
<input type="checkbox"/> Straight truck	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh/frozen food
<input type="checkbox"/> Tractor-trailer	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock
<input type="checkbox"/> Tractor-double trailer	<input type="checkbox"/> Dump	<input type="checkbox"/> Bulk liquids
<input type="checkbox"/> Tractor-triple trailer	<input type="checkbox"/> Bulk tank	<input type="checkbox"/> Hazardous materials
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Machinery/equipment
Total Miles: _____		<input type="checkbox"/> Dirt/sand/gravel/grain
		<input type="checkbox"/> Other _____

Accidents:

Date	Location	Description	Fatalities	Injuries	Hazmat Spill

Drug and Alcohol History:

Yes No

- 1) Alcohol tests with a result of 0.04 or higher alcohol concentration. Yes No
- 2) Verified positive drug tests. Yes No
- 3) Refusals to be tested (including verified adulterated or substituted drug test results). Yes No
- 4) Other violations of DOT agency drug and alcohol testing regulations. Yes No

If any response to 1-4 above is "yes", complete the following:

Substance Abuse Professional (SAP) Referral: Referral Date: _____

Name: _____

Address: _____

Telephone #: _____

Completion of return-to-duty and follow-up testing requirements: Yes No

Subsequent violations of DOT drug and alcohol regulations: Yes No

General Comments:

Prepared by: _____

Date: _____



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(____) _____ - _____
HireRight Account Code:	_____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.