

Note to all applicants: Hiring procedure includes a criminal background check, driving record check, and pre-employment drug screen.

Application for Employment

Valley Bus

2761 Leahy Ave.

Fargo, ND 58103

(701) 235-5912

(Answer all questions - **please print**)

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: _____

Position(s) applied for: _____

Name:

Social Security #: _____

Last

First

Middle

List your addresses of residency for the past 3 years.

Current address:

Street

City

State & Zip Code

Phone: Home: _____

Cell: _____

How long? _____

How long? _____

Street

City

State & Zip Code

Previous

How long? _____

Addresses

Street

City

State & Zip Code

How long? _____

Street

City

State & Zip Code

Do you have the legal right to work in the United States?

Date of Birth: _____

/

/

Can you provide proof of age? _____

Have you worked for this company before?

Where? _____

Dates: From: _____

To: _____

Rate of Pay: _____

Position: _____

Reason for Leaving: _____

Are you now employed?

If not how long since leaving last employment? _____

Who referred you? _____

Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied

EMPLOYMENT HISTORY

Please provide information concerning **5 years** of previous employment.

| EMPLOYER | | DATE | |
|-----------------|----------|-----------------|---------------------|
| Name: | | From Mo. Yr. | To Mo. Yr. |
| Address: | | Position held: | |
| City: | State: | Zip: | Salary/wage: |
| Contact Person: | Phone #: | | Reason for leaving: |

| EMPLOYER | | DATE | |
|-----------------|----------|-----------------|---------------------|
| Name: | | From Mo. Yr. | To Mo. Yr. |
| Address: | | Position held: | |
| City: | State: | Zip: | Salary/wage: |
| Contact Person: | Phone #: | | Reason for leaving: |

| EMPLOYER | | DATE | |
|-----------------|----------|-----------------|---------------------|
| Name: | | From Mo. Yr. | To Mo. Yr. |
| Address: | | Position held: | |
| City: | State: | Zip: | Salary/wage: |
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| EMPLOYER | | DATE | |
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| Name: | | From Mo. Yr. | To Mo. Yr. |
| Address: | | Position held: | |
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| Contact Person: | Phone #: | | Reason for leaving: |

| EMPLOYER | | DATE | |
|-----------------|----------|-----------------|---------------------|
| Name: | | From Mo. Yr. | To Mo. Yr. |
| Address: | | Position held: | |
| City: | State: | Zip: | Salary/wage: |
| Contact Person: | Phone #: | | Reason for leaving: |

| EMPLOYER | | DATE | |
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| EMPLOYER | | DATE | |
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| Name: | | From Mo. Yr. | To Mo. Yr. |
| Address: | | Position held: | |
| City: | State: | Zip: | Salary/wage: |
| Contact Person: | Phone #: | | Reason for leaving: |

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED:

| | | |
|------|------|-------|
| Name | City | State |
|------|------|-------|

ACCIDENT RECORD

Accident record for past 3 years or more (attach sheet if more space is needed) **if none, write none**

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ROLLOVER, ETC.) | FATAL- ITIES | INJUR- IES |
|----------------|--|-----------------|---------------|
| Last Accident: | | | |
| Next Previous: | | | |
| Next Previous: | | | |

TRAFFIC VIOLATIONS

Traffic violations and forfeitures for the past 3 years (other than parking violations) **if none write none.**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(attach sheet if more space is needed)

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 _____

IF THE ANSWER TO EITHER A OR B IS YES PLEASE EXPLAIN:

DRIVING EXPERIENCE AND QUALIFICATIONS

| DRIVERS LICENSE | STATE | LICENSE NO. | TYPE & ENDORSEMENTS | | EXPIRATION DATE | |
|------------------------|-------|--|---------------------|--------------------|-----------------|----------------------|
| | | | | | | |
| | | | | | | |
| CLASS OF EQUIPMENT | | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | | DATES FROM TO | | APPROX.# OF MILES |
| STRAIGHT TRUCK | | | | | | |
| TRACTOR & SEMI-TRAILER | | | | | | |
| TRACTOR & TWO TRAILERS | | | | | | |
| MOTORCOACH-SCHOOL BUS | | | | | | |
| OTHER | | | | | | |

List states operated in for last five years:

What special course or training have you had that will help you as a driver:

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS - OTHER

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

List courses and training other than shown elsewhere in this application:

APPLICANTS STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment document are true and correct. I understand that any false information, including by omission, that I give may result in termination of my candidacy or any subsequent employment.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during Valley Bus's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize Valley Bus and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that Valley Bus and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, whether same is of record or not. I hereby expressly authorize such inquires and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

I authorize Valley bus and its representative to inquire of all former employers or others who know me or know of me. It is agreed and understood that Valley Bus and its agents may obtain information including, but not limited to, Department of Transportation (DOT) mandated Pre-employment refusals to test, alcohol tests of >.04, other violations of the DOT alcohol and drug rules, and return to duty and follow-up testing compliance, as applicable, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their providing such information. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and Valley Bus's receipt of satisfactory results of such a test and, if necessary, the results of a physical examination to determine ability to perform essential duties of the position offered.

By signing below, I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I certify that I have read, understand, and agree to the above.

Date

Signature