

VALLEY BULK, INC.

17649 Turner Road ❖ Victorville, CA 92394

Telephone Numbers: Dispatch: (760) 951-6963 ❖ Office: (760) 843-0574 ❖ Fax: (760) 951-7369

COMMERCIAL DRIVER 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 the presence of a non-job-related medical condition or handicap.

ANSWER ALL QUESTIONS – IN INK – PLEASE PRINT

Date of Application: _____

Name: _____ Other Names Used: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Phone: (____) _____ Cell Phone: (____) _____ How long at this address? _____

Previous Addresses in Last 3 Years:

Address: _____ How long? _____
(Street) (City) (State) (Zip Code)

Address: _____ How long? _____
(Street) (City) (State) (Zip Code)

Date of birth: ____/____/____ Can you provide proof of age? _____
The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

E-mail Address: _____

Do you have the legal right to work in the United States? Yes _____ No _____

Do you have a TWIC card? Yes _____ No _____ Physical Exam Expiration Date: _____

In case of emergency notify: _____ (____)
(Name) (Relationship) (Phone Number)

Have you worked for this company before? _____ When? _____ Position: _____

Reason for leaving: _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

How many years have you been driving trucks? _____ How much of the driving was over-the road? _____

Do you have pneumatic unloading experience? _____ How long? _____

Do you have bottom hopper experience? _____ How long? _____

Check Any That Apply:

Experience with: Semi ___ Doubles ___ Triples ___ Double 45's ___ Dump Truck ___ Flat Bed ___

List the type(s) of materials you've hauled: _____

Are you interested in: Full time _____ Part time _____

FOR OFFICE USE ONLY:

DRUG SCREEN

Date: _____ Time: _____

Interviewed by: _____

Date: _____ Time: _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employer(s) for at least 10 years including all full and part-time employment. All time must be accounted for including military service, school, self-employment and periods of unemployment. Use supplementary sheet if necessary. List all employment for last 10 years. **We must have telephone numbers.**

Current Employer
Dates of Employment
From: ___/___/___
Month Year
To: ___/___/___
Month Year

Name: _____ Supervisor: _____
Address, City, State: _____
Telephone: (____) _____ Fax No.: (____) _____
Position held: _____
Are you presently employed? Yes No May we contact your current employer? Yes No
Why do you want to change employers? _____

Were you subject to the FMCSRs while employed here? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Second Last Employer
Dates of Employment
From: ___/___/___
Month Year
To: ___/___/___
Month Year

Name: _____ Supervisor: _____
Address, City, State: _____
Telephone: (____) _____ Fax No.: (____) _____
Position held: _____
Reason for leaving? _____

Were you subject to the FMCSRs while employed here? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Third Last Employer
Dates of Employment
From: ___/___/___
Month Year
To: ___/___/___
Month Year

Name: _____ Supervisor: _____
Address, City, State: _____
Telephone: (____) _____ Fax No.: (____) _____
Position held: _____
Reason for leaving? _____

Were you subject to the FMCSRs while employed here? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Fourth Last Employer
Dates of Employment
From: ___/___/___
Month Year
To: ___/___/___
Month Year

Name: _____ Supervisor: _____
Address, City, State: _____
Telephone: (____) _____ Fax No.: (____) _____
Position held: _____
Reason for leaving? _____

Were you subject to the FMCSRs while employed here? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

**Fifth Last Employer
Dates of Employment**

From: _____ / _____
Month Year
To: _____ / _____
Month Year

Name: _____ Supervisor: _____
Address, City, State: _____
Telephone: (____) _____ Fax No.: (____) _____
Position held: _____
Reason for leaving? _____

Were you subject to the FMCSRs while employed here? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

**Sixth Last Employer
Dates of Employment**

From: _____ / _____
Month Year
To: _____ / _____
Month Year

Name: _____ Supervisor: _____
Address, City, State: _____
Telephone: (____) _____ Fax No.: (____) _____
Position held: _____
Reason for leaving? _____

Were you subject to the FMCSRs while employed here? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

**Seventh Last
Employer
Dates of Employment**

From: _____ / _____
Month Year
To: _____ / _____
Month Year

Name: _____ Supervisor: _____
Address, City, State: _____
Telephone: (____) _____ Fax No.: (____) _____
Position held: _____
Reason for leaving? _____

Were you subject to the FMCSRs while employed here? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

**Eighth Last Employer
Dates of Employment**

From: _____ / _____
Month Year
To: _____ / _____
Month Year

Name: _____ Supervisor: _____
Address, City, State: _____
Telephone: (____) _____ Fax No.: (____) _____
Position held: _____
Reason for leaving? _____

Were you subject to the FMCSRs while employed here? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Have you ever been discharged from any job? Yes No If yes, please explain _____

CIRCLE APPROPRIATE ANSWER

- 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 your answer to either A or B is Yes, state circumstances and date: _____

LICENSE

LIST ALL DRIVERS LICENSES HELD IN PAST 5 YEARS

STATE	LICENSE NUMBER	TYPE	EXP DATE	BIRTH DATE

ACCIDENT RECORD

ATTACH SHEET IF MORE SPACE IS NEEDED - IF "NONE" SO INDICATE

DATE	NATURE OF ACCIDENT <i>Head-on, Rear-end, Upset, etc</i>	INJURIES	FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

PENDING TRAFFIC MATTERS, TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS

OTHER THAN PARKING VIOLATIONS - IF "NONE" SO INDICATE

LOCATION	DATE	CHARGE	PENALTY

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT Van, Tank, Flat, etc.	DATES		APPROX # OF MILES - TOTAL
		FROM	TO	
Straight Truck				
Tractor-Semi-Trailer				
Tractor-Two Trailers				
Other				

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School - 1 2 3 4 College - 1 2 3 4

VALLEY BULK, INC.
STATEMENT OF POLICY

APPLICANT: Read and sign before submitting application for qualification.

It is agreed and understood:

- that any misrepresentation of information given shall be considered as falsification and grounds to immediate disqualification.
- that the company or its agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release company and persons named herein from all liability for any damages on account of his furnishing such information.
- that this application for qualification in no way obligates the company to qualify me. I further understand this application is for the purpose of determining qualification only.
- that Valley Bulk, Inc.'s employment policy is "at-will." Under the "at-will" policy, neither the Company nor I are committed to continuing the employment relationship for any specific term. Rather, the employment relationship will continue at will. Either side may terminate the relationship at any time, with or without cause and with or without notice.
- that drug testing will be part of the employment process. Failure to pass the pre-employment drug test will result in the termination of the hiring process. During my employment at Valley Bulk, Inc. I will participate in the random drug testing program. Valley Bulk, Inc. has a Zero Tolerance Program.
- that I must furnish the names and addresses of all employers I have had during the preceding 10 years (using a separate sheet if more space is required) and account for any periods that I was unemployed.

I agree to furnish such additional information and complete such examinations as may be required to complete this qualification file. If requested to do so, I agree to submit to physical and psychological testing, including, but not limited to, urine and/or blood analysis to test for drugs.

VALLEY BULK, INC. is an equal opportunity employer. All qualified persons are welcome to submit an application for employment. Hiring will be based on qualifications. Valley Bulk, Inc. does not discriminate on the basis of a person's physical or mental disability, where that person is otherwise qualified to perform the essential functions of the job.

My signature below certifies that I completed this application and that all entries on it are true and complete to the best of my knowledge. Any false, misleading or incomplete statement of the information requested in this application shall be sufficient grounds for discharge from employment.

Signature of Applicant

Date

VB VALLEY BULK, INC.

17649 Turner Road * Victorville, CA 92394
Dispatch: 760-951-6963 *Office:* 760-843-0574 *Shop:* 760-843-0664 *Fax:* 760-951-7369

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301: Pre-employment testing, applies to driver-applicants of this company.

- 382.301 Pre-employment testing.
(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
(b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Type or Print)

Applicant's Signature

Date

Witnessed by:

Company Representative's Signature

Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Valley Bulk, Inc. (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Valley Bulk, Inc. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.