



VALLEY BEST TRANSPORTATION APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

NAME					DATE		
POSITION APPLIED FOR OR TYPE OF WORK DESIRED				DATE OF BIRTH:			
ADDRESS							
CITY			STATE			ZIP	
TELEPHONE			SOCIAL SECURITY #			- -	
TYPE OF EMPLOYMENT DESIRED		FULL TIME <input type="checkbox"/>		PART-TIME <input type="checkbox"/>		TEMPORARY <input type="checkbox"/>	
DO YOU HAVE AN OBJECTION TO WORKING OVERTIME?		YES <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY OUR ORGANIZATION?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
CAN YOU SUBMIT PROOF OF LEGAL EMPLOYMENT AND AUTHORIZATION AND IDENTITY?		YES <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE LAST 7 YEARS? IF YES, PLEASE EXPLAIN		YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, PLEASE EXPLAIN (A CONVICTION WILL NOT AUTOMATICALLY BAR EMPLOYMENT):							
DRIVERS LICENCE NUMBER IF DRIVING IS AN ESSENTIAL JOB DUTY				ISSUE DATE		/ /	
DATE OF EXPIRATION		/ /		HAVE YOU BEEN DRIVING FOR 60 CONSECUTIVE MONTHS?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS WITHIN THE LAST 3 YEARS?		YES <input type="checkbox"/> NO <input type="checkbox"/>		HOW WERE YOU REFERRED TO US?			

EMPLOYMENT HISTORY

EMPLOYER NAME				POSITION HELD:			
TELEPHONE			ADDRESS				
IMMEDIATE SUPERVISOR				TITLE			
DATES EMPLOYED	FROM:	TO:		SALARY:			
JOB SUMMARY							
REASON FOR LEAVING							

EMPLOYER NAME				POSITION HELD:			
TELEPHONE			ADDRESS				



IMMEDIATE SUPERVISOR		TITLE	
DATES EMPLOYED	FROM:	TO:	SALARY:
JOB SUMMARY			
REASON FOR LEAVING			
EMPLOYER NAME			POSITION HELD:
TELEPHONE	ADDRESS		
IMMEDIATE SUPERVISOR			TITLE
DATES EMPLOYED	FROM:	TO:	SALARY:
JOB SUMMARY			
REASON FOR LEAVING			
OTHER SKILLS AND QUALIFICATIONS: SUMMARIZ ANY JOB-RELATED TRAINING, SKILLS, LICENSES, CERTIFICATES, AND/OR OTHER QUALIFICATIONS			
EDUCATIONAL HISTORY LIST SCHOOL NAME AND LOCATION, YEARS COMPLETED, COURSE OF STUDY, AND DEGREES EAREND			
HIGH SCHOOL NAME		YEARS ATTENDED	LOCATION
COLLEGE NAME		YEAR OF GRADUATION	COURSE OF STUDY

I hereby authorize Valley Best Transportation to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from all liability Valley Best Transportation and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will or with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I authorize Valley Best Transportation to conduct a full criminal background check, fingerprinting and drug screening.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____



REFERENCES

LIST 3 REFERENCES NAMES AND YEARS KNOWN. DO NOT INCLUDE RELATIVES OR EMPLOYERS

NAME		YEARS KNOW	
TELEPHONE		RELATIONSHIP	

NAME		YEARS KNOW	
TELEPHONE		RELATIONSHIP	

NAME		YEARS KNOW	
TELEPHONE		RELATIONSHIP	