



CORPORATE OFFICE
 8665 Hudson Blvd. N. #100
 Lake Elmo, MN 55042
 Phone: 800-657-6936
 Fax: 651-739-1523

OFFICE 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, veteran status, non-job-related disability, or any other protected group status. **INSTRUCTIONS TO APPLICANT:** Please print answers to all questions and sign in both places on the last page.

PERSONAL INFORMATION

Name:		Date:	Phone number and best time to contact:	
Date of Birth:	Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security #:	
Address:		City:	State:	Zip Code:
How long at this address?		Email Address:		

PREVIOUS ADDRESSES

Address:		City:	State:	Zip Code:
Phone Number:		How long at this address?		
Address:		City:	State:	Zip Code:
Phone Number:		How long at this address?		
Address:		City:	State:	Zip Code:
Phone Number:		How long at this address?		

POSITION

Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
How did you hear about this company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other If other, please explain:			
Who referred you?		Desired pay: \$	
Do any of your friends or relatives work here?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name, relationship and location:	
Have you ever been bonded? (Answer only if a job requirement) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the bonding company?			
Can you perform the essential functions of this job, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Would you be willing to take a physical examination and pre-employment drug test if one were required for the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available to work full-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work part-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work day shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work afternoon shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work night shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates available for work?	
Show special courses or training that you have taken related to the position you are applying for:	
List any licenses or certifications you hold:	
Type of office equipment worked on:	
What is your typing speed?	

EMPLOYMENT HISTORY RECORD Identify your present and previous employers starting with the most recent. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Current or Most Recent Employer			
Name:	Supervisor:	Phone Number:	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			

Second to Last Employer			
Name:	Supervisor:	Phone Number:	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			

Third to Last Employer			
Name:	Supervisor:	Phone Number:	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			

Fourth to Last Employer			
Name:	Supervisor:	Phone Number:	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			

Fifth to Last Employer			
Name:	Supervisor:	Phone Number:	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			

Sixth to Last Employer			
Name:	Supervisor:	Phone Number:	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			

EDUCATION			
Check Highest Grade Completed			
<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> College			
Last School Attended			
Name:	City:	State:	Diploma or GED?

MILITARY STATUS		
Have you served in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch did you serve?	Honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL/PROFESSIONAL REFERENCES			
Name	Phone Number	Occupation	Years Known

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature:	Date:
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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means 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 the President of the Company.

By signing below, I acknowledge that I have read and understand the above statements.

Signature:	Date:
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FOR COMPANY USE

PAST EMPLOYERS CONTACTED		
1.	2.	3.
Notes on Prospective Employee/References Checked:		
<input type="checkbox"/> Applicant Hired <input type="checkbox"/> Applicant Rejected		
Date Employed:	Location Employed:	
Signature of Person Doing Hiring:		Date:



POSITION DESCRIPTION ACKNOWLEDGEMENT

I have read and understand the job description for my position. By signing below, I acknowledge that I am physically capable of doing all the duties assigned without any accommodations being made.

Print Name:	Date:
Signature:	

Please return only this sheet and keep the job description for yourself when you drop off your application for employment.



VALLEY CARTAGE COMPANY

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 1. 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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Print Name:	Date:
Signature:	Social Security #:



CONSENT FOR BACKGROUND HISTORY FOR VALLEY CARTAGE

In connection with your application for employment with Valley Cartage, it may obtain one or more reports regarding driving, and or criminal background history from a consumer reporting agency and/or other sources. If Valley Cartage uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, we will at your request provide you with a copy of the report upon which its decision was based on. If any adverse action is taken against you based upon a background report, Valley Cartage will notify you that the action has been taken and that the background report was the reason for the action. Valley Cartage cannot obtain background reports from a consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that Valley Cartage may obtain such a background reports, please read the following and sign below.

I authorize Valley Cartage to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Valley Cartage might contact in the course of conducting a reference check or background investigations of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Valley Cartage. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the requested organizations or their managers or representatives.

In exchange for Valley Cartage consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal action of any kind against any organization or individual that provides work-related information about me to Valley Cartage or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims or legal actions against Valley Cartage or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above notice regarding background reports provided to me by Valley Cartage and I understand that if I sign this consent form, Valley Cartage and/or any entity it retains to obtain such background reports may obtain reports of my driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Valley Cartage and its employees, agents, and affiliates to obtain the information authorized above.

Print Name:	Date:
Signature:	Date of Birth: