

VALLEY OASIS TRANSPORTATION SERVICES, LLC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION _____

NAME _____

First

Last

Middle

ADDRESS _____

Street

City

State

Zip

TELEPHONE NUMBER (_____) _____

EMERGENCY CONTACT _____

Name

Address

Telephone

GENERAL:

Are you currently authorized to work in the U.S.?

Yes

No

If hired, can you furnish a proof that you are 18 years of age or older? Yes

No

IF YOU WISH TO BE CONSIDERED FOR POSITIONS THAT REQUIRE DRIVING, PLEASE ANSWER THESE QUESTIONS:

Do you have a current, valid and unrestricted driver's license(s)? Yes No If yes, what class of license(s) and which state(s)?

Have you received DUI or other driving violations within the last two years? Yes No

If yes, please explain: _____

Have you ever had auto insurance denied or canceled?

Yes No If yes, please explain: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please describe: _____

EMPLOYMENT DESIRED

Position _____ Date you can start: _____ Salary/wage desired: _____

Are you currently employed? Yes

No

EDUCATION: Please describe secondary and post secondary, courses and training which contributed to your work-related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed.

Institution	Location	No. of Years	Area of study/course	Did you graduate?

Special skills related to the position that you are applying to: _____

List any professional license or certificates relevant to this position:

Have you ever worked in a position similar to the one for which you are applying? Yes No if yes, explain

If experienced in using tools or equipment which might be helpful on this job please provide details, including issuing authority and any license or other numbers _____

Where have you gained this experience? _____

FORMER EMPLOYERS: List below the last three employers, starting with your most recent one.

Date (month & Year)	Employer's Name, Address, Phone number, and supervisor	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				
From: _____				
To:				

May we contact the employers you listed above? Yes No If no, please explain

REFERENCE: List three persons not related to you, whom you have known at least for one year.

Name, Address, and phone No.	Relationship	Years Acquainted

ACCIDENT RECORD (if none, write none): _____

List all accident involvements with any motor vehicle for past five years (even if not at fault)

Date	Type of vehicle	Nature of Accident (Head-on, Rear-end, upset, etc.)	Were you at fault?	Were you ticketed?	Number of fatalities	Number of Injuries	Amount of property Damage

TRAFFIC CONVICTIONS (if none, write none)

List all traffic convictions for the past 5 Years (any other than parking violations)

Date	Location (state)	Violation (if speeding, show rate of speed)	Penalty

