



6003 STATE ROAD 76, OSHKOSH, WI 54904



# 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 non-job related disability.

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address For Past Three Years?	Street	City	State, Zip	How Long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have the legal right to work in the United States?  Yes  No Can you provide proof of age?  Yes  No

Position Applying for:  Local-Oshkosh  Oshkosh/Chicago  Over the Road  Other \_\_\_\_\_

When are you available to start work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you applied with this company before?  No  Yes Date: \_\_\_\_ / \_\_\_\_

Have you worked for this company before?  No  Yes Dates: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Rate of Pay? \$ \_\_\_\_\_ Position you held? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you now employed?  Yes  No If not, how long since last employment? \_\_\_\_\_

Rate of pay expected: \$ \_\_\_\_\_

How did you hear about us?  Newspaper  Careerbuilder.com  Craigslist  Other Website  Walk In  Billboard  Radio

Current Employee: \_\_\_\_\_  Previous Employee: \_\_\_\_\_  Other \_\_\_\_\_

By submitting this application, I give permission for Valley Express to order MVRs, DAC reports, and do background checks. I also authorize them to release my MVR to the insurance agent to review insurability.

**I Agree To These Terms**

Is there any reason you might know of that might inhibit you from performing the tasks related to the position for which you have applied for? \_\_\_\_\_

If yes, please explain based on what you understand those tasks are. If you need additional space for your response, please attach a supplemental page: \_\_\_\_\_

**Notice to Applicant:** Before you continue in filling out the remainder of this application, we must inform you that the information you have provided so far, and any and all information you are about to disclose, in accordance with 49 CFR Part 391.21(b)(10) of the Federal Motor Carrier Safety Regulations (FMCSRs), may be used and your previous employers "will be" contacted for the purpose of investigating your safety performance history as required by 391.23(d) and 391.23(e) of the FMCSRs. If it has not already been provided for you, please ask for a written copy of your "due process rights" regarding any and all information obtained during the processing of your history as specified in 391.23(l).

# EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on the employers for whom the applicant operated such vehicle.

**Note: List employers in reverse order, starting with the most recent. Add another sheet if necessary.**

Name		From Mo.	Yr.	To Mo.	Yr.	
Address		Position Held				
City	State	Zip		Salary/Wage		
Contact	Phone		Reason for Leaving			
Were you subject to the FMCSRs in this position while employed by this previous employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)		Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)	

Name		From Mo.	Yr.	To Mo.	Yr.	
Address		Position Held				
City	State	Zip		Salary/Wage		
Contact	Phone		Reason for Leaving			
Were you subject to the FMCSRs in this position while employed by this previous employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)		Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)	

Name		From Mo.	Yr.	To Mo.	Yr.	
Address		Position Held				
City	State	Zip		Salary/Wage		
Contact	Phone		Reason for Leaving			
Were you subject to the FMCSRs in this position while employed by this previous employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)		Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)	

Name		From Mo.	Yr.	To Mo.	Yr.	
Address		Position Held				
City	State	Zip		Salary/Wage		
Contact	Phone		Reason for Leaving			
Were you subject to the FMCSRs in this position while employed by this previous employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)		Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)	

Name		From Mo.	Yr.	To Mo.	Yr.	
Address		Position Held				
City	State	Zip		Salary/Wage		
Contact	Phone		Reason for Leaving			
Were you subject to the FMCSRs in this position while employed by this previous employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)		Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



List courses and training other than that shown elsewhere in this application.

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List special equipment or technical materials you can work with (other than those already shown).

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## TO BE READ AND SIGNED BY APPLICANT

Sec. 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

**The prospective employee is required by Sec. 40.25(j) to respond to the following questions.**

- 1. Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?**

**Check one:** Yes  No

- 2. If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?**

**Check one:** Yes  No

This certifies that I completed this application, and that all entries and information documented by me are true and complete to the best of my knowledge. **By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004.** Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that 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 an authorized executive of this organization.

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Date



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Applicant's Signature





6003 STATE ROAD 76, OSHKOSH, WI 54904  
888-231-1818 PHONE ■ 920-231-2297 FAX

Motor Vehicle Record Release and Authorization Form

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agent, whose names and addresses are as follows:

Employer

Valley Express LLC  
6003 State Road 76  
Oshkosh, WI 54904

Insurance Agent

The Murphy Insurance Group  
P.O. Box 10  
Waunakee, WI 53597

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Full Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



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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 I, 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. Sections 382.413, 391.23 and 391.25 of the Federal Motor Carriers Safety Regulations require these reports.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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Pre-Employment Drug and Alcohol Test Consent Form

On \_\_\_\_\_, I, \_\_\_\_\_, hereby give my full consent to submit to a substance abuse drug test in accordance with the requirements of the Federal Motor Carriers Safety Regulations, Title 49 CFR Part 40, and this Company's Drug and Alcohol Abuse Policy.

I understand that all prospective drivers must submit to a substance abuse test and that a urine sample will be collected and tested for controlled substances.

I give my full consent to the release of my substance abuse test results to the Valley Express authorized Medical Review Officer(s) [MRO], who will then release the audited results to an authorized agent of Valley Express.

I agree that if I test positive for use of controlled substances, or do not pass my physical examination/provide an unexpired Medical Certification, or disagree to sign a written authorization for the release of my past 3 years of drug test results, I will not be considered for employment by Valley Express and/or may be terminated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**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 Express LLC (“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 Express LLC (“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.

*LAST UPDATED 12/22/2015*



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## Applicants Due Process Rights Notification

i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at [§386.12](#).

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against-

(l)(1)(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,

(l)(1)(ii) A person who has provided such information; or

(l)(1)(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.