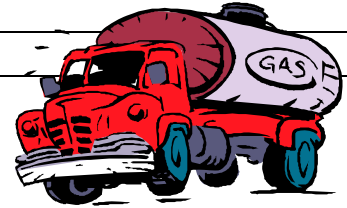


Office use only: Location _____ Solicited Y N



Employment Application

SOCIAL SECURITY No. _____ DATE OF BIRTH ____ / ____ / ____ (PER DOT 391.21-2)

NAME _____
LAST FIRST MIDDLE

TODAY'S DATE _____ Current Telephone No. _____

PRESENT MAILING/PHYSICAL ADDRESS

STREET/PO BOX CITY STATE ZIP HOW LONG

IF LESS THAN THREE YEARS, PLEASE FURNISH PREVIOUS ADDRESSES OR P.O. BOX:

STREET CITY STATE ZIP HOW LONG

DRIVERS LICENSE

From time to time, almost every employee may be asked to drive a company vehicle on some sort of company related business. Therefore, our insurance carriers require that we ask the following:

NUMBER _____ CLASS _____ STATE _____ EXPIRATION DATE _____

HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED, SUSPENDED OR DENIED?

NO YES (explain below)

HAVE YOU EVER BEEN CONVICTED OF (OR PLEAD "NO CONTEST" TO) A FELONY OR MISDEMEANOR? NO YES

(Conviction of a felony or misdemeanor does not necessarily exclude an individual from consideration for a job. We run a background check on every applicant, so please disclose any past convictions.) Full disclosure- please explain below:

IF RELATED TO ANYONE IN OUR EMPLOY,
STATE NAME AND DEPARTMENT

REFERRED BY:

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

WAGE/SALARY DESIRED \$ _____

ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

EMPLOYER'S NAME _____ TELEPHONE _____

CONTACT _____ POSITION _____

CAN YOU, AFTER RECEIVING AN OFFER OF EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S. WITHIN 3 DAYS OF HIRE? YES NO

ARE YOU 18 YEARS OR OLDER? YES NO

Why do you feel qualified for this position? Why should Valley Pacific hire you?

EDUCATION

NAME AND LOCATION OF SCHOOL	DEGREE	SUBJECTS STUDIED
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HIGH SCHOOL

COLLEGE

TRADE, BUSINESS
OR CORRESPONDENCE
SCHOOL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____

READ _____ WRITE _____

REFERENCES

Give below the names of three people (not employers or relatives) whom you have known at least one year.

Name	Address	Telephone	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ESSENTIAL JOB FUNCTIONS:

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? YES NO

(COPY OF JOB DESCRIPTION IS AVAILABLE FOR YOUR REVIEW)

DRIVER APPLICANTS: (If not applying for a driver position, skip this box.)

Indicate below the types of commercial equipment you are qualified to drive:

Tank Truck Tank Truck & Trailer Tractor Trailer (full trailers, semi-trailers) Buses

Other DOT regulated equipment/endorsements listed here-

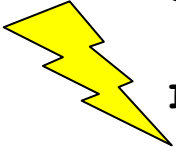
Check if your job was designated as safety sensitive (required drug and alcohol testing)

Check if your job was subject to the Federal Motor Carrier Safety Regulations (FMCSR)

EXPERIENCE: List your driving experience with the vehicles checked above.

ACCIDENTS: List all motor vehicle accidents in which you were involved during the past three years. Specify the date, nature of the accident and any fatalities or personal injuries caused. _____

VIOLATIONS: List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the past three years. _____



IMPORTANT! As you read this, initial the boxes by hand and then sign the application.

My signature below 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. []

I understand that if any information on this application is determined to be false or misleading, or if information is omitted by me, such will constitute grounds for rejection of this application, or, if I am employed, the later discovery of such falsification, omission, etc. will be grounds for immediate termination of employment. []

I understand that, if offered employment, I will be required to pass a substance-abuse test and a job-specific physical-fitness test. []

I understand that, before beginning work, I will receive a copy of the Employee Handbook, which I will be required to read and acknowledge. []

I understand that Valley Pacific is an “at will” employer that does not offer any assurance of continued or future employment. []

I understand that in connection with the application process, Valley Pacific will request information (including safety performance history) from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation will include a background review by AVERT* of public civil and criminal records. I request, authorize, and unconditionally consent to the release of any and all such information to Valley Pacific consistent with all state and federal laws and hereby release and hold harmless every person or entity that communicates such information to Valley Pacific in good faith and without malice from any and all claims or liability of any type whatsoever. []

I understand that the information requested from AVERT is being sought for employment purposes and that my offer of employment may be affected by information contained in the consumer reports received from AVERT. []

I have the right to make a request to AVERT, upon proper identification, for the nature and substance of all information in its files at the time of my request, including the sources of information; an explanation of the information and the recipients of any of the information which AVERT previously furnished. []

SIGNATURE

DATE

If the Applicant checks this box, he/she will automatically receive a copy of all reports obtained by Valley Pacific.

*AVERT is also known as ADP Background Services
301 Remington Street
Fort Collins, CO 80524