



VALLEY WIDE BEVERAGE COMPANY ("VWB")
DRIVER APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

VWB is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religious creed, religious belief or grooming (including dress or grooming practices), sex, gender, gender identity, gender expression, sexual orientation, marital/domestic partner status, citizenship, national origin and ancestry (including language use and protected use of driver's licenses granted under the California Vehicle Code), mental or physical disability (including AIDS and HIV status), medical condition, including cancer and genetic information or characteristics (or those of a family member), pregnancy, childbirth, breastfeeding (including related medical conditions to pregnancy, childbirth or breastfeeding), age, military and veteran status, status as a victim of domestic violence, sexual assault or stalking, and/or use of any legally protected leave or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities or other medical conditions may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on VWB. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

**IF NOT APPLYING FOR A CLASS A DRIVER POSITION, PLEASE COMPLETE THE STANDARD APPLICATION.
COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.**

APPLICANT INFORMATION						
FIRST NAME		MIDDLE NAME		LAST NAME		
PHONE		EMAIL				
DATE OF BIRTH		SOCIAL SECURITY #				
DATE OF APPLICATION		POSITION APPLIED FOR		FULL TIME <input type="checkbox"/>	SEASONAL <input type="checkbox"/>	DATE AVAILABLE FOR WORK

Do you have legal right to work in the United States? YES NO

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? YES NO

(If hired, verification will be required consistent with federal law.)

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

If yes, explain: _____

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

THIRD (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

FOURTH (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Vocational				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

BACKGROUND INFORMATION
For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, specify name. _____

PROFESSIONAL REFERENCES			
List three professional references (other than those listed as current/former supervisor) that we may contact:			
NAME	PHONE #	EMAIL	TYPE OF AQUAINTANCE

Should you receive a conditional offer from the Company, a background verification inclusive of a criminal check will be performed by a third party vendor, in accordance with federal, state and local law. The Company will also perform an individualized assessment regarding your criminal check based upon the nature and gravity of the offense, time passed since the offense occurred, and the direct and adverse relationship between prospective job duties and the offense. The Company will inform you of the results and will provide you with an opportunity to respond within (5) business days. The Company reserves the right to re-evaluate your candidacy and rescind your conditional offer after you have been given a chance to respond. Should you have any questions regarding this process, contact your Recruiter.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the Company.

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work for the Company.

I understand employment with the Company is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I understand that I will be required to possess a current and valid California driver's license and provide proof of automobile insurance if my job requires me to drive in the course of my work.

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the Company or me) without prior notice to the other, unless otherwise prohibited by law.

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the CEO or an authorized representative.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			