

# APPLICATION FOR EMPLOYMENT

## RIVER VALLEY EXPRESS, LLC

PO Box 405, Schofield, WI 54476 | Ph 715-355-1902

**Name** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
First, Middle, Last

**Address** \_\_\_\_\_  
Street City State Zip

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security No.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Address(es) for the past three years**

1. \_\_\_\_\_  
Street City ST Zip How Long?

2. \_\_\_\_\_  
Street City ST Zip How Long?

3. \_\_\_\_\_  
Street City ST ZIP How Long?

### EXPERIENCE & QUALIFICATIONS --- DRIVER (Attach sheet if more space is needed)

#### LICENSE

Drivers Licenses	State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No
- B. Has any license, permit, or privilege ever been suspended or revoked?  Yes  No
- C. Have you ever been convicted of a felony?  Yes  No

*If the answer to either A, B or C is yes, attach a statement giving details.*

#### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

#### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Rear-end, Upset, Etc.)	Fatalities	Injuries

#### TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

**EMPLOYMENT RECORD (Attach sheet if more space is needed)**

*Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years.*

Last Employer: Name \_\_\_\_\_ Ph# \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's?  Y  N Subject to drug/alcohol testing requirements per 49 CFR Part 40?  Y  N

Second Last Employer: Name \_\_\_\_\_ Ph# \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's?  Y  N Subject to drug/alcohol testing requirements per 49 CFR Part 40?  Y  N

Third Last Employer: Name \_\_\_\_\_ Ph# \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's?  Y  N Subject to drug/alcohol testing requirements per 49 CFR Part 40?  Y  N

Fourth Last Employer: Name \_\_\_\_\_ Ph# \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's?  Y  N Subject to drug/alcohol testing requirements per 49 CFR Part 40?  Y  N

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As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to, test on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

- Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.
- No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

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**To be read and signed by the Applicant**

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Today's Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.**