

Job Location: _____

Applicant Name: _____



EMPLOYMENT APPLICATION

SHUTTLE SERVICES

VetPride

SERVICES



APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS – PLEASE PRINT)

This application will not be considered unless all questions are completely and accurately answered, and the application is **signed by the applicant**. The use of this form does not indicate that there are any positions presently open. This is an application for employment, not a contract of employment, and in no way, constitutes a commitment by VetPride Services, Inc. to hire any candidate for employment. Pre-employment criminal background checks and drug screenings will be required for driver positions with VetPride Services.

Date: _____

CONTACT INFORMATION

Full Legal Name: _____

Date of Birth: _____ Social Security Number: _____

Phone Number: _____ Email Address: _____

Current Address: _____

PREVIOUS ADDRESSES (past 3 years)

STREET CITY STATE ZIP

STREET CITY STATE ZIP

STREET CITY STATE ZIP

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____

PERSONAL INFORMATION

What other legal names have you worked under? _____

Are you at least 18 years of age? Yes No

Do you have the legal right to work inside the United States? Yes No

Have you previously worked for VetPride Services? Yes No

If yes, at what location? _____ Reason for Leaving: _____

Position Held: _____ Employment Dates: _____

Do any of your relatives currently work for VetPride Services? Yes No

If yes, Relative Name: _____ Relationship: _____

VETERAN STATUS (please attach a copy of your DD-214, if applicable)

Prior Service: Yes No Service Branch: _____

Years of Service: _____ Type of Discharge: _____



APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS – PLEASE PRINT)

WORK PREFERENCE

What position(s) are you applying for? _____

Available Start Date: _____ Desired Employment: Full-Time Part-Time

EMPLOYMENT HISTORY - *List complete mailing address, street number, city, state and zip code.*

All interstate or intrastate commerce driver applicants must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in interstate or intrastate commerce must also provide an additional 10 years' information on those employers for whom the applicant operated such vehicle.

Note: If needed, please provide additional past employers on a separate sheet.

EMPLOYER		
NAME	FROM	TO
ADDRESS		
POSITION	REASON FOR LEAVING	
CONTACT PERSON	CONTACT NUMBER	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER		
NAME	FROM	TO
ADDRESS		
POSITION	REASON FOR LEAVING	
CONTACT PERSON	CONTACT NUMBER	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs of has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS – PLEASE PRINT)

EMPLOYMENT HISTORY – CONTINUED

EMPLOYER		
NAME	FROM	TO
ADDRESS		
POSITION	REASON FOR LEAVING	
CONTACT PERSON	CONTACT NUMBER	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER		
NAME	FROM	TO
ADDRESS		
POSITION	REASON FOR LEAVING	
CONTACT PERSON	CONTACT NUMBER	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER		
NAME	FROM	TO
ADDRESS		
POSITION	REASON FOR LEAVING	
CONTACT PERSON	CONTACT NUMBER	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		



APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS – PLEASE PRINT)

ACCIDENT RECORD

*For past three (3) years or more (attach sheet if more space is needed). If none, write **NONE**.*

DATE	NATURE OF ACCIDENT <small>(HEAD-ON, REAR-END, UPSET, ETC.)</small>	FATALITIES	INJURIES	VEHICLE TOWED
				Y N
				Y N
				Y N

MOTOR VEHICLE LAW/ORDINANCE VIOLATIONS

*And forfeitures for the past three (3) years (other than parking violations). If none, write **NONE**.*

DATE	LOCATION	CHARGE	PENALTY

DRIVER LICENSES

List all driver licenses held in the past 3 years. List current driver license first.

STATE	LICENSE NUMBER	CLASS/TYPE	EXPIRATION DATE

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

Has any license, permit, or privilege ever been suspended or revoked? Yes No

IF YES TO EITHER, PROVIDE DETAILS: _____



APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS – PLEASE PRINT)

DRIVING EXPERIENCE

Attach a separate sheet if more space is needed

VEHICLE TYPE	YEARS & MONTHS OPERATED
CLASS A (SEMI-TRACTORS)	
CLASS B (STRAIGHT/DUMP TRUCKS, ETC.)	
CLASS B (BUSES/PASSENGER VEHICLES) – MORE THAN 8 PASSENGERS	
CLASS B (BUSES/PASSENGER VEHICLES) – MORE THAN 16 PASSENGERS	

EDUCATION

List educational institutions attended.

TYPE	INSTITUTION	STATE	DATES OF ATTENDANCE	DIPLOMA	FIELD OF STUDY
HIGH SCHOOL				Y N	
VOC./ TECHNICAL				Y N	
UNDERGRADUATE				Y N	
GRADUATE				Y N	

JOB REFERENCES

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE



APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS – PLEASE PRINT)

VetPride Services is an equal employment opportunity employer. Applications will be considered for employment without regard to race, color, creed, national origin, religion, age, sex, disability or veteran status.

IMPORTANT. READ THOROUGHLY BEFORE SIGNING

I declare all statements and answers provided in the application are true and complete to the best of my knowledge. I understand that false or misleading information or omissions given in my application, exhibits, resumes or interview(s) will result in rejection of this application or will be considered cause for dismissal. Furthermore, I understand and stipulate that I will not challenge my dismissal if I provide any misleading information or omissions on my application.

I authorize VetPride Services to fully investigate all information furnished in this application. I authorize VetPride Services to attain pre-employment reports verifying previous employment, previous drug and alcohol test results, and my driving record in accordance with Federal Motor Carrier Safety Regulations, Sections 382.413, 391.23, and 391.25.

I authorize VetPride Services to make such investigations and inquire of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

IN SIGNING THIS FORM, I AM STATING I UNDERSTAND AND AGREE TO THE AFOREMENTIONED.

APPLICANT SIGNATURE: _____ **DATE:** _____



PRE-EMPLOYMENT DRUG & ALCOHOL QUESTIONNAIRE

Applicant Name: _____

Within the last two (2) years, 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?

Yes No

If yes, have you successfully completed the return-to-duty process?

Yes No

Signature

Date



PAST EMPLOYMENT SAFETY HISTORY REQUEST

Employee Name: _____

Employee Social Security Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, to VetPride Services, Inc. This release is in accordance with DOT regulation 49 CFR Parts 40, 382, and 391. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I have not worked for a DOT employer within the past 3 years.

PREVIOUS EMPLOYER INFORMATION – *A fax number or email address must be provided*

DOT Previous Employer Name: _____

Address: _____

Designated Employer Representative (*if known*): _____

Phone: _____ Fax: _____

Email: _____

Employee Signature: _____

Date: _____

Previous Employer Section – *Completed by Previous Employer Only*

PREVIOUS EMPLOYMENT DETAILS

Dates of Employment: From _____ To _____

Full-Time Part-Time Eligible for Rehire? Yes No

Position(s) Held: _____

Did the employee operate commercial motor vehicles greater than 26,000lbs GVWR? Yes No

Type of equipment operated? Dry Van Flatbed Reefer Other

If other, please specify: _____

Reason for Leaving: Voluntary Lay-Off Terminated Retired

If terminated, why? _____

MOTOR VEHICLE ACCIDENT/EQUIPMENT DAMAGE/INCIDENT INQUIRY

*For past three (3) years or more (attach sheet if more space is needed). If none, write **NONE**.*

DATE	LOCATION	NATURE OF INCIDENT	FATALITIES	INJURIES	VEHICLE TOWED
					Y N
					Y N
					Y N



PAST EMPLOYMENT SAFETY HISTORY REQUEST

ALCOHOL & CONTROLLED SUBSTANCE TESTING INQUIRY

While employed:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
- 2. Did the employee have verified positive drug tests? Yes No
- 3. Did the employee refuse to be tested? Yes No
- 4. Did the employee have other violations of DOT drug and alcohol testing regulations? Yes No
- 5. Did a previous employer or the employee report a drug and alcohol rule violation to you? Yes No
- 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A Yes No

Note: If you answered "yes" to any of the above items, please provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).

Any other remarks (including SAP name and address): _____

INFORMATION PROVIDED BY:

Name: _____

Title: _____

Phone: _____

Date: _____

RETURN COMPLETED FORM BY EMAIL OR FAX:

VetPride Services, Inc.
 Attention: Yamille Collier, Director of Operations
 Email: ycollier@vetprideservices.com
 Phone: (910) 920-2220, Ext. 108
 Fax: (888) 958-5304