

Application for Employment

West Valley Charter Lines
240 Cristich Lane
Campbell, CA 95008

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.

(answer all questions – **PLEASE PRINT**)

Date of Application: _____

Position(s) Applied For (please circle): Driver – Office – Bus Washer – Mechanic

Name (Last – First – Middle) _____ Social Security Number: _____

Current Address: _____ City: _____

State / Zip: _____ How many years: _____ Phone Number: _____

Previous Addresses

Previous Address: _____ City: _____

State / Zip: _____ How many years: _____ Phone Number: _____

Previous Address: _____ City: _____

State / Zip: _____ How many years: _____ Phone Number: _____

In case of an Emergency please contact: _____

State / Zip: _____ Relationship: _____ Phone Number: _____

Do you have a legal right to work in the United States? Yes NO Date of Birth: ____/____/____

Can you provide proof of your age? Yes NO Have you worked for this company anytime in past? Yes NO

If yes, then when did you work? From: ____/____/____ To: ____/____/____ Position: _____

Rate of Pay: _____ Position: _____ Reason for Leaving: _____

Are you now employed? Yes or NO If not, how long since leaving your last employment? _____

How did you hear of this job opening? _____ Expected Pay Rate: _____

Is there any reason you might not be able to perform the functions of the job for which you have applied for? Yes or NO

If yes, please explain: _____

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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

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

Employer Name: _____ Dates: From: ____/____/____ To: ____/____/____
Address: _____ City: _____
State / Zip: _____ Phone Number: _____ Position: _____
Contact Person: _____ Reason for Leaving: _____

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Address: _____ City: _____
State / Zip: _____ Phone Number: _____ Position: _____
Contact Person: _____ Reason for Leaving: _____

Accident Record for Past 3 years or more (attach sheet if more space is needed) if None write none.

Date: ____/____/____ Nature of Accident: _____

Location: _____ Were you found at fault? Yes NO Fatalities: Yes NO Injuries: Yes NO

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Location: _____ Were you found at fault? Yes NO Fatalities: Yes NO Injuries: Yes NO

Date: ____/____/____ Nature of Accident: _____

Location: _____ Were you found at fault? Yes NO Fatalities: Yes NO Injuries: Yes NO

Traffic convictions and forfeitures for the past 3 years (other than parking violations) If none, write none.

Date: ____/____/____ Location: _____ Charge: _____ Penalty: Yes or No

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Date: ____/____/____ Location: _____ Charge: _____ Penalty: Yes or No

Education

Circle Highest Grade Completed: 9 10 11 12 College: 1 2 3 4

Last School Attended and Location: _____

Experience and Qualifications – Driver Only

Driver Licenses:

State: _____ License Number: _____ Type: _____ Expiration _____

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State: _____ License Number: _____ Type: _____ Expiration _____

State: _____ License Number: _____ Type: _____ Expiration _____

* 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

Do you have School Pupil Activity Bus Certificate (SPAB)? Yes NO

* Have you ever been denied a SPAB certificate? Yes NO

If the answer to any question with a * by it is YES, you must attach a statement giving the details

Driving Experience:

Please list any and all types of commercial vehicles that you have driven: _____

List all states you have operated a commercial vehicle in: _____

List all special courses or training that will help you as a driver: _____

Which Safe driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List other courses and training that has not been already listed in this application. _____

List special equipment or technical materials you can work with, not already listed in application: _____

Have you ever been convicted of a violation of the law? Yes NO If yes, please list on a separate piece of paper.

A conviction will not necessarily disqualify you from employment

To be read and signed by Applicant

This certifies that I and no one else completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires 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 this is an AT-WILL employer and I may be discharged at anytime and without reason. I also understand that I am required to abide by all rules and Regulations of West Valley Charter Lines.

Date: _____ Applicant's Signature: _____

When turning in this application please also have the following:

- Photo Copy of your Driver's License (both Sides)
- Photo Copy of your Medical Card (both sides)
- Photo Copy of your Medical Long Form (all sides)
- Photo Copy of a Department of Motor Vehicles H-6 Print-Out less then 30 days old