



Virginia Transportation Corporation
1600 Flat River Road, Coventry, RI 02816
Phone: 401-821-2900 Fax: 401-821-8011
DRIVER'S APPLICATION FOR EMPLOYMENT

To: _____ **Fax:** _____

From: _____ **Date:** _____

Re: Employment Application Pages: 7 (includes cover page)

ATTACHED IS A NEW APPLICATION PACKET.

- PLEASE FULLY COMPLETE ALL (6) ATTACHED PAGES
- PLEASE INCLUDE CLEAR COPY OF THE FOLLOWING:
 - VALID CURRENT CDL LICENSE
 - SOCIAL SECURITY CARD
 - VALID CURRENT HEALTH CARD
 - TWIC CERTIFICATE
 - PASSPORT/PASSPORT CARD

- FAX FULLY COMPLETED FORMS AND ABOVE ITEMS TO:
 - (401) 821-8011

OR YOU MAY MAIL TO:

VIRGINIA TRANSPORTATION CORPORATION
1600 FLAT RIVER ROAD
COVENTRY, RHODE ISLAND 02816

IF YOU SHOULD HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT (401) 821-2900.

THANK YOU!



Virginia Transportation Corporation
1600 Flat River Road, Coventry, RI 02816
Phone: 401-821-2900 Fax: 401-821-8011
DRIVER'S APPLICATION FOR EMPLOYMENT

ALL SECTIONS MUST BE COMPLETED IN FULL

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, non-job related disability or any other protected group status.

APPLICATION DATE:	_____ / _____ / _____
LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
DATE OF BIRTH:	_____ / _____ / _____
SOCIAL SECURITY NO:	_____ -- _____ -- _____
TOTAL YEARS OF <u>CDL</u> EXPERIENCE:	
TOTAL YEARS OF <u>CAR HAULING</u> EXPERIENCE:	
AVAILABLE START DATE:	_____ / _____ / _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? ___ YES ___ NO

*[ATTACH CLEAR COPY OF SOCIAL SECURITY CARD AND VALID DRIVER'S LICENSE]

Have you worked for this company before? ___Y ___N Dates: From: _____ To: _____

Position: _____ Reason for leaving: _____

Are you currently employed? ___Y ___N If not, how long since last employment? _____

How did you hear about our company? _____

Drivers are hired on a three (3) week rotation. Please acknowledge this with initials. _____

DRIVER EXPERIENCE and QUALIFICATIONS

DRIVER LICENSE STATE: _____ LICENSE NO: _____

LICENSE CLASS: _____ LICENSE EXPIRATION DATE: _____ / _____ / _____

(A) Have you ever been denied a license, permit or privilege to operate a motor vehicle?

___Y ___N

(B) Has any license, permit or privilege ever been suspended or revoked? ___Y ___N

(C) Has your CDL ever been disqualified? ___Y ___N

IF YOU HAVE ANSWERED "YES" TO QUESTIONS (A), (B) OR (C) ABOVE, PLEASE ATTACH DETAILED EXPLANATION WHY.



Virginia Transportation Corporation
1600 Flat River Road, Coventry, RI 02816
Phone: 401-821-2900 Fax: 401-821-8011
DRIVER'S APPLICATION FOR EMPLOYMENT

EQUIPMENT EXPERIENCE

PLEASE INDICATE EXPERIENCE WITH THE FOLLOWING:

(A) CLASS OF EQUIPMENT:	(A) CLASS OF EQUIPMENT:
(B) TYPE OF EQUIPMENT:	(B) TYPE OF EQUIPMENT:
(C) DATES DRIVEN:	(C) DATES DRIVEN:

LIST ALL STATES OPERATED IN OVER LAST 5 YEARS:

LIST SPECIAL DRIVER COURSES OR DRIVER TRAINING TAKEN :

LIST ANY TRUCKING, TRANSPORTATION or OTHER EXPERIENCE THAT MAY ASSIST YOUR WORKING FOR VIRGINIA TRANSPORTATION CORP:

LIST ALL OF YOUR RESIDENTIAL ADDRESSES OVER THE LAST (3) YEARS:

CURRENT ADDRESS:

STREET ADDRESS:		
CITY:		
STATE:	ZIP:	
How long have you live at this address?:		
HOME PHONE:	(____) - _____ - _____	
CELL PHONE:	(____) - _____ - _____	

PREVIOUS ADDRESSES:

STREET ADDRESS:		
CITY:		
STATE:	ZIP:	
How long did you live at this address?:		
HOME PHONE:	(____) - _____ - _____	
CELL PHONE:	(____) - _____ - _____	
<hr/>		
STREET ADDRESS:		
CITY:		
STATE:	ZIP:	
How long did you live at this address?:		
HOME PHONE:	(____) - _____ - _____	
CELL PHONE:	(____) - _____ - _____	



Virginia Transportation Corporation
1600 Flat River Road, Coventry, RI 02816
Phone: 401-821-2900 Fax: 401-821-8011
DRIVER'S APPLICATION FOR EMPLOYMENT

ACCIDENT RECORD: (Must list all in the last 3 years)

	Date	Nature of Accident	Fatalities	Injuries
Most Recent Accident				
Next Previous Accident				
Next Previous Accident				

TRAFFIC VIOLATIONS, CONVICTIONS, and FORFEITURES:
(Must list all in the last 3 years)

LOCATION	Date	Charge	Penalty

EDUCATION

HIGHEST GRADE COMPLETED:		
LAST SCHOOL ATTENDED: (NAME, CITY, STATE)		
LIST ANY AND ALL EDUCATIONAL DIPLOMAS, DEGREES, CERTS, OR EQUIVALANCIES RECEIVED:		
1)	2)	3)



Virginia Transportation Corporation
1600 Flat River Road, Coventry, RI 02816
Phone: 401-821-2900 Fax: 401-821-8011
DRIVER'S APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY - ALL DRIVER APPLICANTS MUST PROVIDE COMPLETE INFORMATION ON ALL EMPLOYERS OVER THE PAST 3 YEARS !!

Provide additional 7 years employment history driving any commercial motor vehicle in commerce (Use additional sheets is necessary). **All previous employers of past three years from date of this application will be contacted, for the purpose of investigating your safety performance history concerning general driver identification, employment verification, accident data elements required by FMCSRs section 390.15(b)(1), and any violations of 49 CFR Parts 40 and 382 concerning drug and alcohol testing.**

EMPLOYER	DATES
Company:	From: ___/___/___ To: ___/___/___
Address:	City, State, Zip:
Type of Freight:	Position:
Wage:	Reason for Leaving:
Contact Person:	Okay to Contact? ___Y___N
Phone Number: (____) _____ - _____	FAX Number: (____) _____ - _____
Were you subject to Federal Motor Carrier Safety Regulations? ___Y___N	
Were you subject to DOT drug and alcohol testing requirements? ___Y___N	

EMPLOYER	DATES
Company:	From: ___/___/___ To: ___/___/___
Address:	City, State, Zip:
Type of Freight:	Position:
Wage:	Reason for Leaving:
Contact Person:	Okay to Contact? ___Y___N
Phone Number: (____) _____ - _____	FAX Number: (____) _____ - _____
Were you subject to Federal Motor Carrier Safety Regulations? ___Y___N	
Were you subject to DOT drug and alcohol testing requirements? ___Y___N	

EMPLOYER	DATES
Company:	From: ___/___/___ To: ___/___/___
Address:	City, State, Zip:
Type of Freight:	Position:
Wage:	Reason for Leaving:
Contact Person:	Okay to Contact? ___Y___N
Phone Number: (____) _____ - _____	FAX Number: (____) _____ - _____
Were you subject to Federal Motor Carrier Safety Regulations? ___Y___N	
Were you subject to DOT drug and alcohol testing requirements? ___Y___N	

EMPLOYER	DATES
Company:	From: ___/___/___ To: ___/___/___
Address:	City, State, Zip:
Type of Freight:	Position:
Wage:	Reason for Leaving:
Contact Person:	Okay to Contact? ___Y___N
Phone Number: (____) _____ - _____	FAX Number: (____) _____ - _____
Were you subject to Federal Motor Carrier Safety Regulations? ___Y___N	
Were you subject to DOT drug and alcohol testing requirements? ___Y___N	



Virginia Transportation Corporation
1600 Flat River Road, Coventry, RI 02816
Phone: 401-821-2900 Fax: 401-821-8011
DRIVER'S APPLICATION FOR EMPLOYMENT

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208):

You are being informed that reports verifying your previous employment, previous drug and alcohol test results, your driving record and criminal background check may be obtained on you for employment purposes.

These reports are required by Section 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

DISCLOSURE

As part of the employment process, Virginia Transportation Corporation will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with Virginia Transportation Corporation, I hereby authorize Lexis Nexis on behalf of Virginia Transportation Corporation to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Do you authorize your PRESENT employer to be contacted? Y N _____ initial	
Soc. Sec. No: _____ - _____ - _____	Date of Birth: ____ / ____ / ____
License No: _____	License State: _____
Applicant Signature: _____	Date: ____ / ____ / ____
Printed Name: _____	



Virginia Transportation Corporation
1600 Flat River Road, Coventry, RI 02816
Phone: 401-821-2900 Fax: 401-821-8011
DRIVER'S APPLICATION FOR EMPLOYMENT

PSP Agreement Form

In connection with your application for employment with **Virginia Transportation Corp.**, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Virginia Transportation Corp.** to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Name (Please Print): _____