

# APPLICATION FOR EMPLOYMENT

Company: Spring Valley Dairy Street Address: 4310 22nd Ave. Salem 97303

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(street) (city) (state/zip)

DOB: \_\_\_\_\_ SSN: **Supply Upon Hire**

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 For Past (street) (city) (state/zip)

3 Years \_\_\_\_\_ How Long? \_\_\_\_\_  
(street) (city) (state/zip)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

## DRIVING EXPERIENCE AND QUALIFICATIONS

Driver License(s)	State	License No.	Type	Expiration Date

### Driving Experience

Equipment Class	Equipment Type <small>(van, tank, flat, etc.)</small>	Dates	Approx. No. of Miles <small>(total)</small>

### Accident Record For Past 3 Years

Dates	Nature of Accident <small>(head-on, rear-end, upset, etc.)</small>	Fatalities or Injuries? (Specify)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**Traffic Convictions/Forfeitures for Past 3 Years (Other Than Parking Violations)**

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?      Yes / No      (circle one)
- B. Has your license, permit, or driving privilege ever been suspended or revoked?      Yes / No      (circle one)

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE ATTACH STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)**

DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown

Last Employer:      Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Second Last Employer:      Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Third Last Employer:      Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

DISCLAIMER: Spring Valley Dairy requires a current (within 30 days) negative drug test result on file prior to hiring.

**Self Report of Pre-Employment Testing Information by Applicant/Driver  
Required by 40.25(j)**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive, or refused to test, on any Pre-employment alcohol or drug test administered by an Employer to which that Applicant/Driver applied, but did not obtain, safety sensitive transportation work covered by DOT agency and alcohol and drug testing rules during the past two (2) years.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SSN: \_\_\_\_\_ (last four digits only)

**Applicant/Driver to answer items listed below:**

During the past (2) years have you tested positive on a Pre-employment drug or alcohol test administered by Employer to which you applied for but did not obtain safety sensitive transportation work covered by DOT drug and alcohol testing rules?

YES \_\_\_\_\_ NO \_\_\_\_\_

During the past (2) years have you refused to test on a Pre-employment drug or alcohol test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation job covered by the DOT drug and alcohol testing rules?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Driver Name (print) \_\_\_\_\_

Signature of Applicant/Driver \_\_\_\_\_ Date \_\_\_\_\_

Witness Name (print) \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Record keeping requirements: If "Yes" to either of the questions—5 years  
If "No" to both questions—discard after employment terminates