



CDL Driver's Employment Application

Valley United Co-op
PO Box 37
Reynolds, ND 58275

At Valley United Co-op we do not discriminate in employment based on any protected class contained in the applicable federal, state and local laws. VUC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities.

Applicant Name _____ Date of Application _____
First Middle Last

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Do you have the legal right to work in the US? ____ Phone Number ____ - ____ - ____

List the addresses at which you have resided during the past three (3) years.

Current Address _____
Street/PO Box City State Zip

Previous Address _____
Street/PO Box City State Zip

Previous Address _____
Street/PO Box City State Zip

Are you employed now? _____ Rate of pay expected _____

Driver's License Information _____
Issuing State License Number Expiration Date Class

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List ALL motor vehicle accidents in which you were involved in the past three (3) years

I have not been involved in a motor vehicle accident in the past 3 years

Date __ / __ / ____ Nature of accident _____ Fatalities/Injuries _____

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Date __ / __ / ____ Nature of accident _____ Fatalities/Injuries _____

List ALL traffic convictions and forfeitures for the past three (3) years (exclude parking)

I have not been convicted of a traffic violation in the past 3 years

Date __ / __ / ____ Location _____ Convicted of _____

Date __ / __ / ____ Location _____ Convicted of _____

Date __ / __ / ____ Location _____ Convicted of _____

Driving Experience

Class of Equipment	Dates Operated	Approximate No. of miles	Type of Equipment Van, Tank, Dump, etc.
Straight Truck			
Semi-Tractor & Trailer			
Tractor – Two Trailers			
Motor-coach or Bus			
Other			

List states you have operated in for the last five (5) years _____

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

Education

Last School Attended _____
Name City and State

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

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Employment History

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

Applicants applying to operate a commercial motor vehicle as defined by Part 383 must list the names and addresses of the applicant's employers during the 7-year period preceding the three (3) years listed above.

Employer	Date
Name	From: Month Year
Address	To: Month Year
City State Zip	Position Held:
Contact Phone No.	
Were you subject to the FMCSRs± while employed? ___ yes ___ no	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? ___ yes ___ no	
Reason for leaving:	

Employer	Date
Name	From: Month Year
Address	To: Month Year
City State Zip	Position Held:
Contact Phone No.	
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