

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

VHI Express, Inc.
4525 Lee Street, Chester, VA 23831

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

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries 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, schools, health care providers and other persons from all liability in responding to inquiries 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 understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be 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 employer; and
- 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORDED

Applicant Hired _____ Rejected _____
Date Employed _____ Point Employed _____
Department _____ Classification _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____
Dismissed _____ Voluntary Quit _____ Other _____
Termination Report Placed in File _____ Supervisor _____

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

ALL SECTIONS MUST BE FULLY COMPLETED

COMPANY VHI EXPRESS INC. MAILING ADDRESS 4525 LEE STREET
 CITY, STATE AND ZIP CODE CHESTER, VA 23831 EMAIL _____
 NAME (please print) _____
 (FIRST) (MIDDLE) (MAIDEN NAME if applicable) (LAST)
 ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP)
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____
 CELL NUMBER _____ EXPECTED RATE OF PAY \$ _____

PREVIOUS THREE YEARS RESIDENCY

_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP)	#YEARS _____
_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP)	#YEARS _____
_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP)	#YEARS _____

ATTACH SHEET IF MORE SPACE IS NEEDED

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE _____ LICENSE NUMBER _____ TYPE _____ EXP DATE _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI TRAILER			
TRACTOR - TWO TRAILERS			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
_____	_____	_____	_____	yes___ no___
_____	_____	_____	_____	yes___ no___
_____	_____	_____	_____	yes___ no___

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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___
 If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked: Yes___ No___
 If yes, explain _____