



## **VIRGINIA TRANSPORTATION**

1600 Flat River Road, Coventry, RI 02816  
Phone: (401) 821-2900 ~ Fax: (401) 821-3611

ATTACHED IS A NEW APPLICATION PACKET.

- PLEASE FULLY COMPLETE ALL (8) 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) 821-3611

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!



**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:** \_\_\_\_\_

**SOCIAL SECURITY NO:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**CURRENT ADDRESS:**

(HOUSE NO): \_\_\_\_\_ (Street): \_\_\_\_\_

(CITY): \_\_\_\_\_ (STATE): \_\_\_\_\_ (ZIP): \_\_\_\_\_

(Home Phone): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell Phone): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? : \_\_\_\_\_

**PREVIOUS ADDRESSES:**

\_\_\_\_\_ Resided for how long? \_\_\_\_\_

\_\_\_\_\_ Resided for how long? \_\_\_\_\_

\_\_\_\_\_ Resided for how long? \_\_\_\_\_

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

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 now employed?** \_\_\_Y\_\_\_ N **If not, how long since last employment?** \_\_\_\_\_

If you were referred to our company, please provide name: \_\_\_\_\_

**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: \_\_\_\_\_ Position: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Wage: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations? \_\_\_Y\_\_\_ N

Were you subject to DOT drug and alcohol testing requirements? \_\_\_Y\_\_\_ N

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYER**

**DATES**

Company: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Wage: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations? \_\_\_Y\_\_\_ N

Were you subject to DOT drug and alcohol testing requirements? \_\_\_Y\_\_\_ N

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYER**

**DATES**

Company: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Wage: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations? \_\_\_Y\_\_\_ N

Were you subject to DOT drug and alcohol testing requirements? \_\_\_Y\_\_\_ N

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYER**

**DATES**

Company: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Wage: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations? \_\_\_Y\_\_\_ N

Were you subject to DOT drug and alcohol testing requirements? \_\_\_Y\_\_\_ N

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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:	_____	_____	_____	_____

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

LOCATION	Date	Charge	Penalty

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**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.**

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**EDUCATION**

HIGHEST GRADE COMPLETED: \_\_\_\_\_

LAST SCHOOL ATTENDED:(Name, City, State): \_\_\_\_\_

**LIST ANY AND ALL EDUCATIONAL DIPLOMAS, DEGREES, CERTS OR EQUIVALANCIES RECEIVED:**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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**DRIVING 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:  
\_\_\_\_\_  
\_\_\_\_\_

**The 49 CFR 40.25 requires the following information to be asked of individuals seeking to begin safety-sensitive duties for the first time, including any employee transferring into safety-sensitive functions as defined in 49 CFR 382.107.**

YOU MUST ANSWER THE FOLLOWING QUESTIONS REGARDING DRUG AND ALCOHOL TESTING to which you applied for, but did not obtain, safety-sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past three years.

**CIRCLE THE ANSWER TO THE FOLLOWING QUESTIONS:**

1. DID YOU EVER TEST POSITIVE ON ANY PRE-EMPLOYMENT DRUG TEST IN THE PAST THREE YEARS?

YES NO

2. DID YOU EVER TEST POSITIVE ON ANY PRE-EMPLOYMENT ALCOHOL TEST IN THE PAST THREE YEARS?

YES NO

3. DID YOU EVER REFUSE A PRE-EMPLOYMENT DRUG or ALCOHOL TEST IN THE PAST THREE YEARS?

YES NO

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VIRGINIA TRANSPORTATION CORP. operates commercial motor vehicles into Canada.

**Drivers with a past criminal conviction(s) may be turned back at Canada Customs.**

(1) Do you have any past criminal conviction(s) for which you may be denied entry into Canada?

YES NO

(2) Do you have any knowledge or reason why you would be denied entry into Canada?

YES NO

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**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries verifying my previous employment, previous D.O.T regulated employers' drug and alcohol test results, motor vehicle driving records and medical history certification. 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 may result in discharge.** I understand, also, that I am required to abide by all rules and regulations of the company and the Federal Motor Carrier Safety Regulations, Federal Hazardous Materials Regulations and state laws.

I understand the information I provide regarding current and/ or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as provided by 49 CFR 391.23(d) and (e). I have the right to review information provided by previous employers, 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.

**This certifies the application was completed by me, and that all entries on it and information in it are true and complete.**

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**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.

**Soc. Sec. No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**License No:** \_\_\_\_\_

**License State:** \_\_\_\_\_

\_\_\_\_\_  
**(Applicant Signature)**

\_\_\_\_\_  
**(Printed Name)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**(Date)**