

VALLEY PACIFIC EMPLOYMENT APPLICATION

1-800-266-3782 | CORPORATE: STOCKTON, CA

Please note: a drug and alcohol test is required as a condition of employment.

PERSONAL INFORMATION

Today's Date _____

Full Name _____
Last _____ First _____ Middle _____

Alias/Maiden Names _____

Phone Number _____
 Mobile Home Email _____

Date of Birth mm / dd / yyyy Social Security No. _____ - _____ - _____

Birth year is required only for driving positions, in accordance with DOT regulation 391.21(b)(2)
 I recently applied for a Social Security Number (SSN).

PRESENT MAILING ADDRESS / PHYSICAL ADDRESS

Street/PO Box _____ City _____ State _____ Zip Code _____ How Long _____

If less than 3 years, please also provide your previous addresses and dates of residence for the past 3 years.

Street/PO Box _____ City _____ State _____ Zip Code _____ How Long _____

DRIVER'S LICENSE

From time to time, employees may be asked to operate a company vehicle for business-related purposes. To comply with our insurance carrier's requirements and ensure proper coverage, we ask for driver's license information as part of the application process. This information is used solely to verify driving eligibility and will be kept confidential.

Driver's License Number _____ Class _____ State _____

Expiration Date mm / dd / yyyy

Has your driver's license ever been revoked, suspended, or denied? If yes, please explain the circumstances. No Yes

COMPANY AFFILIATIONS & REFERRALS

Are you related to anyone currently employed by Valley Pacific Petroleum Services? No Yes
If yes, please provide their name, their department, and your relationship to them.

Full Name & Department _____ Relationship _____

Were you referred by a current employee? If so, please provide their name: No Yes

Full Name _____

ELIGIBILITY & QUALIFICATIONS

Are you at least 18 years of age? No Yes

Are you able to provide documentation verifying that you are a U.S. citizen, permanent resident, or otherwise authorized to work in the United States?

No Yes

POSITION DETAILS & AVAILABILITY

Position _____

Location _____

What is your available start date? / /
mm dd yyyy

What is your desired salary or hourly wage? \$ _____ - \$ _____ Hourly Salary

Why do you believe you are qualified for this position? What makes you a strong candidate for Valley Pacific Petroleum Services?

How many years of relevant experience do you have for the position you are applying for?

- 1-2 years
- 3-5 years
- 6+ years

Do you have any special studies, research, or projects that are relevant to the position you are applying for?

Do you speak, read, or write any foreign languages fluently? If so, please specify.

Are you currently employed? No Yes

Employer _____

Phone _____

Contact Name _____

Position _____

May we contact your present employer? No Yes

EDUCATION

I do not have an entry.

Degree _____ Institution Name _____

Location _____

Dates Attended mm / yyyy to mm / yyyy

Graduated? No Yes

.....

Degree _____ Institution Name _____

Location _____

Dates Attended mm / yyyy to mm / yyyy

Graduated? No Yes

EMPLOYMENT HISTORY

All applicants must provide a complete record of full-time and part-time employment, including military service, self-employment, and any periods of unemployment. Please list employers in reverse chronological order, starting with your most recent position. Note: If you are applying for a driving position, you are required to include a 10-year work history and must explain any gaps in employment during that time.

I do not have an entry.

Position _____

Employer _____

Current Employer

Location _____

Dates Employed mm / yyyy to mm / yyyy

Supervisor _____

Phone Number _____

May we contact? No Yes

Reason for leaving _____

Briefly describe your primary job duties and responsibilities.

EMPLOYMENT HISTORY CONTINUED

Position _____

Employer _____

Location _____

Dates Employed mm / yyyy to mm / yyyy

Supervisor _____

Phone Number _____

May we contact? No Yes

Briefly describe your primary job duties and responsibilities.

A large, empty rectangular frame with a thin black border, occupying the top half of the slide. This frame is likely a placeholder for a figure or diagram that has not been inserted.

Position

Employer

Location

Dates Employed mm / yyyy to mm / yyyy

Supervisor _____

Phone Number

May we contact? No Yes

Reason for leaving

Briefly describe your primary job duties and responsibilities.

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EMPLOYMENT HISTORY CONTINUED

Position _____

Employer _____

Location _____

Dates Employed mm / yyyy to mm / yyyy

Supervisor _____

Phone Number _____

May we contact? No Yes

Briefly describe your primary job duties and responsibilities.

1. **What is the primary purpose of the proposed legislation?**

Position

Employer

Location

Dates Employed mm / yyyy to mm / yyyy

Supervisor

Phone Number

May we contact? No Yes

Reason for leaving

Briefly describe your primary job duties and responsibilities.

1. **What is the primary purpose of the study?** (10 points)

ESSENTIAL JOB FUNCTION QUESTIONS

1. Are you able to perform the essential functions of the position you are applying for, with or without reasonable accommodation?

No Yes

2. If offered a position, candidates must pass a background check and pre-employment medical testing, including a drug and alcohol screening, as part of the conditional job offer. Will you consent to these requirements if offered the position?

No Yes

3. **C-Store Applicants Only:** Have you completed any alcohol or tobacco sales certification or training?

No Yes

4. **C-Store Applicants Only:** Have you completed any food handler training or received a Food Handler Card?

No Yes

5. **C-Store Applicants Only:** Do you have any safety-related certifications (e.g., CPR, First Aid, Fire Extinguisher Training)?

No Yes

6. **C-Store Applicants Only:** Have you been trained in or completed certification related to hazardous materials or fuel handling?

No Yes

DRIVER APPLICANTS ONLY

If you are not applying for a driving-related position, you may skip this section.

1. Please indicate the types of commercial equipment you are qualified and licensed to operate:

Tank Truck Tractor Trailer (full trailers, semi-trailers)

Tank Truck & Trailer Buses

Check this box if your position was classified as safety-sensitive and required drug and alcohol testing under DOT regulations.

Check this box if your position was subject to Federal Motor Carrier Safety Regulations (FMCSR).

Any other DOT-regulated equipment or endorsements you hold that are not listed above.

2. Provide details about your driving experience with each of the vehicle types indicated above.

3. Please list all motor vehicle accidents you have been involved in over the past three years. Include the date, a brief description of the accident, and note any fatalities or personal injuries.

4. Please list all motor vehicle law or ordinance violations (excluding parking violations) for which you were convicted or forfeited bond or collateral in the past three years.

ACKNOWLEDGEMENTS

Please review each section carefully and initial in the spaces provided, then sign and date where indicated.

____ I certify that all information I have provided in order to apply for and secure work for this company is true, complete and correct including any voluntary questionnaires. All information and documents previously and hereafter provided to the employer in connection with my application for employment are incorporated by reference herein.

____ I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient to (i) cancel further consideration of this application, or (ii) constituted sufficient grounds to discharge me from the employer's service, whenever it is discovered.

____ I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, publish agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding this company, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information to me.

____ I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

____ I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from this employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

____ If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that if I choose to voluntarily terminate my employment, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of this company is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

ACKNOWLEDGEMENTS

____ In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

____ I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I hereby acknowledge that I have read the above disclosure statement and understand it.

Signature

Date