

# **EMPLOYMENT APPLICATION**

Spring Valley Farms is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please fill out all the sections below, unless otherwise noted.

## **DATE**

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## **APPLICANT INFORMATION**

Applicant Name:	
Address:	
City:	
State:	
Zip Code:	
Home Phone Number:	
Cellphone Number:	
Email Address:	

## **EMPLOYMENT POSITION**

Position(s) applying for:	
Employment Desired: <i>Full-time   Part-Time   Seasonal</i>	
Desired Salary:	
Date Available:	

**DRIVER'S LICENSE**

Do you have a driver's license?  Yes  No

Do you have a commercial driver's license (CDL)?  Yes  No

Driver's License Number:	
CDL Endorsements:	

**PERSONAL INFORMATION**

Have you ever applied to or worked for Spring Valley Farms before?  Yes  No

If yes, when:

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Do you have any relatives or acquaintances working for Spring Valley Farms?  Yes  No

If yes, state name and relationship:

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Are you 18 years of age or older?  Yes  No

Are you a U.S. citizen or approved to work in the United States?  Yes  No

Will you consent to a mandatory controlled substance test if your position requires it?  Yes  No

**OTHER**

How did you hear about this position (website, newspaper, radio ad, word of mouth, etc.)?

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**EDUCATION AND TRAINING**

**High School**

Name	Location (City, State)	Graduated or GED

**College | University**

Name	Location (City, State)	# of Years Attended	Degree Earned

**Vocational School | Specialized Training**

Name	Location (City, State)	# of Years Attended	Degree Earned

Use the space below to summarize any additional information to describe your full qualifications for the specific position for which you are applying or provide a resume if you wish.

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Are you a member of the Armed Services?

Yes

No

**PREVIOUS EMPLOYMENT**

If you are applying for a commercial trucking position, please skip this “Previous Employment” section.

Employer Name:	
Address, City, State, Zip Code:	
Employer Telephone:	
Position and Duties:	
Employment Dates:	
Supervisor Name:	
Reason for Leaving:	

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Address, City, State, Zip Code:	
Employer Telephone:	
Position and Duties:	
Employment Dates:	
Supervisor Name:	
Reason for Leaving:	

May we contact the employers listed above?  Yes  No

If no, which one(s) do you not wish us to contact and why:

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**REFERENCES**

Please list two professional or volunteer references other than relatives:

Name	Telephone Number	Company	Position

I authorize Spring Valley Farms to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to Spring Valley Farms and do hereby release my current and former employers from liability for providing information to Spring Valley Farms. Upon termination of my employment for whatever reason, I release Spring Valley Farms from all liability for supplying any information concerning my employment to any potential employer. I authorize Spring Valley Farms, if applicable to obtain, motor vehicle driving report, and any other investigative reports deemed necessary through various third-party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required, whether prior to my employment or if employed by Spring Valley Farms at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designed physician.

I further understand this is an application for employment and no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and Spring Valley Farms may change wages, benefits, and conditions at any time. My employment is at will. No individual with Spring Valley Farms is authorized to change the employment-at-will status except an officer of Spring Valley Farms, who may do so only in writing. I have read and agree to the above.

**SIGNATURE**

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**DATE**

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# **SUPPLEMENTAL COMMERCIAL TRUCK DRIVING APPLICATION**

Only complete this portion if you are applying for a commercial trucking position.

## **APPLICANT INFORMATION**

Date of Birth	
Social Security Number	

*Required per regulation 391.21 of E-CFR*

If address listed on page one is less than 3 years, continue listing addresses below to cover the previous 3-year period:

Address	City	State	Zip Code	Dates [From-To]

## **ACTIVE COMMERCIAL MOTOR VEHICLE LICENSES OR PERMITS**

Issuing State	License Number	Expiration Date

Have you ever had any driver license denied, suspended, revoked or cancelled by any issuing state agency?

Yes       No

If yes, state of issuance and explanation:

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**EXPERIENCE**

Type of Motor Vehicle	Type of Trailer	Date Range [From-To]	Approximate Miles

**MOTOR VEHICLE ACCIDENTS, LAST 3 YEARS**

Have you been in any motor vehicle accidents during the last 3 years?

Yes       No

If yes, please complete information below:

Date of accident:	
Description:	
Fatalities:	
Injuries:	

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Description:	
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Injuries:	

Date of accident:	
Description:	
Fatalities:	
Injuries:	

**TRAFFIC VIOLATION CONVICTIONS, LAST 3 YEARS**

Have you convicted of any traffic violations during the last 3 years?

Yes       No

If yes, please complete information below:

Date of Violation	Violation	State of Violation	Commercial Vehicle? [Yes or No]

**EMPLOYMENT HISTORY, LAST 10 YEARS (account for gaps between employers)**

Employer Name:	
Address, City, State, Zip Code:	
Employer Telephone:	
Employment Dates [From-To]:	
Supervisor Name:	
Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes       No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes       No



Employer Name:	
Address, City, State, Zip Code:	
Employer Telephone:	
Employment Dates [From-To]:	
Supervisor Name:	
Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes       No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes       No

Employer Name:	
Address, City, State, Zip Code:	
Employer Telephone:	
Employment Dates [From-To]:	
Supervisor Name:	
Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes       No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes       No

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Address, City, State, Zip Code:	
Employer Telephone:	
Employment Dates [From-To]:	
Supervisor Name:	
Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes       No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes       No

Employer Name:	
Address, City, State, Zip Code:	
Employer Telephone:	
Employment Dates [From-To]:	
Supervisor Name:	
Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes       No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes       No

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

**CERTIFICATION**

**“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.”**

**SIGNATURE**

**DATE**

