



LOCAL: 701-281-0521  
Watts: 800-726-7612  
FAX: 701-532-1849  
Email: stacie@valleyexp.com

PO Box 2147 • Fargo, ND 58107

## VALLEY EXPRESS SPECIALIZED, INC

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Truck year and make: \_\_\_\_\_

Trailer year and make: \_\_\_\_\_

Or - Type of trailer you want to pull: \_\_\_\_\_

Office &/or dispatcher that you talked to: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please fill out completely and legibly or the application will not be able to be processed. Thank you.

Valley Express is committed to hiring only the best and most qualified available drivers. To that end, Valley Express has established the following Driver Qualification and Screening Policy. The goal of the policy is threefold: to meet or exceed Federal Motor Carrier Safety Regulations; maintain a positive CSA carrier profile; and hire and retain experienced, safe, professional drivers.

### **Minimum Qualification Standards**

**Age/Experience:** All driver applicants are to be a minimum of 23 years of age, and have a minimum of 3 years verifiable current driving experience, and can not have 3 or more jobs in a 12 month period.

**Accident Experience:** Only those driver applicants with no more than one chargeable or preventable motor vehicle accidents within the past 5 years will be considered.

**Violation History:** Only those driver applicants with two or fewer violations of motor vehicle laws (other than violations involving parking only) within the past 3 years will be considered.

**Disqualifying Offenses:** Driver applicants will not be considered if convicted of any offense involving the operation of a motor vehicle while impaired by alcohol in the last five years. Driver applicants will not be considered if convicted of any careless or reckless driving of a motor vehicle offense. Driver applicants who have been convicted of a criminal offense involving a commercial vehicle, including operating while under the influence of a controlled substance, transporting a controlled substance, or a felony involving the use of a commercial motor vehicle will not be considered.

Only those drivers with an acceptable Pre-Employment Screening Program (PSP) history will be considered. Information provided from the PSP includes data on individual driver roadside/scale inspection results, DOT recordable accident history and reasons for probable cause traffic stops.



# Application For Qualification

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Valley Express Specialized, Inc.  
16553 37<sup>th</sup> St SE Mapleton ND 58059  
PO Box 2147 Fargo ND 58107-2147  
701-281-0851 800-726-7612

## **Instructions to Applicant:**

- The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Valley Express.
  - **Please answer all questions.** If the answer to any question is "no" or "none", please write that in, do not leave it blank.
  - Valley Express, Inc. does not discriminate because of age, sex, or race.
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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check One:  Owner/Operator  Driver for Lessor Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Current Address: (Submit residences for previous three years)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Lived: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Lived: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Lived: \_\_\_\_\_

## **In Case of Emergency Contact:**

Name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

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## **Personal References:**

Name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_



## Employment History

**Give a complete record of all employment for the past ten years, if applicable, explaining any gaps such as unemployment or self-employment.** Each driver-applicant has the right to review and correct previous employer information.

Employer			Date	
Name			From MO YR	To MO YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone	Fax	Reason for Leaving	
Were you subject to the FMCSR's while employed there?			Yes	No
Was your job designated as a safety-sensitive function subject to alcohol and controlled substance testing?			Yes	No

Employer			Date	
Name			From MO YR	To MO YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone	Fax	Reason for Leaving	
Were you subject to the FMCSR's while employed there?			Yes	No
Was your job designated as a safety-sensitive function subject to alcohol and controlled substance testing?			Yes	No

Employer			Date	
Name			From MO YR	To MO YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone	Fax	Reason for Leaving	
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Was your job designated as a safety-sensitive function subject to alcohol and controlled substance testing?			Yes	No



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Was your job designated as a safety-sensitive function subject to alcohol and controlled substance testing?			Yes	No

Employer			Date	
Name			From MO YR	To MO YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone	Fax	Reason for Leaving	
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Was your job designated as a safety-sensitive function subject to alcohol and controlled substance testing?			Yes	No

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Name			From MO YR	To MO YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone	Fax	Reason for Leaving	
Were you subject to the FMCSR's while employed there?			Yes	No
Was your job designated as a safety-sensitive function subject to alcohol and controlled substance testing?			Yes	No



## Driver Experience

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Class of equipment	Dates		Approx. Number of Miles (total)
	From	To	
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers			
Other			

List states operated in for the last 5 years:

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Have you participated in a driving school? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, Please explain. \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

If the answer to either is yes give details. \_\_\_\_\_

**Accident Record for past three years:**

Dates	Nature of accident (Head on, Rear end, upset, etc.)	# Of Fatalities	# Of people injured

**Traffic convictions and Forfeitures for the last three years: (other than parking violations)**

Locations	Date	Charge	Penalty

**Driver's License: (List each license held in the past three years)**

State	License #	Endorsements	Expiration

## To Be Read and Signed by Applicant

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It is agreed and understood that any misrepresentation given herein shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and persons named herein from all liabilities for any damages on account of his furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my qualification file.

It is agreed and understood that this application in no way obligates the motor carrier to qualify the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without recourse.

This certifies that I completed the application, and that all entries on it and information contained herein is true and complete to the best of my knowledge.

### **Driver's rights pertaining to release of driver information under regulation 391.23**

Drivers have the following rights:

- 1) The right to review information provided by previous employers;
- 2) The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer;
- 3) 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

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**Date**

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**Applicant's Signature**

## Pre Employment Urinalysis Consent Form

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I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 382.301, and company policy, all prospective drivers must submit to a controlled substances test.

A urine sample will be collected and tested for controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

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Print applicants name

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Date

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**Applicant's Signature**

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING**

**Driver Record Screening Disclosure**

I hereby authorize Embark Safety LLC and its designated agents and representatives to conduct a comprehensive review of my driver record background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include information about my names, motor vehicle records, license verification. Upon Request, Embark Safety LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

**Authorization and Release**

I \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Valley Express Specialized (company name). I certify that all information provided below is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

\_\_\_\_\_  
Applicant's First Name      Middle Name      Last Name (print legibly)      Maiden/AKA/Previous Name(s)

\_\_\_\_\_  
Date of Birth (This will not affect hiring decision)

\_\_\_\_\_  
Driver License Number      State      (Month)      (Day)      (Year)

\*\*\*California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to have a copy of your report emailed directly to you:  
email: \_\_\_\_\_ \*\*\*

**Notice to California Applicants:** Under section 1786.22 of California Civil Code, you have the right to request from Embark Safety LLC, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Embark Safety LLC has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Embark Safety LLC during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Notice to Massachusetts Applicants:** Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.

\_\_\_\_\_  
Signature  
(Electronic signatures are NOT acceptable -This document must be physically signed by applicant)

\_\_\_\_\_  
Date



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Valley Express Specialized Inc (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Valley Express Specialized Inc (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*



## Violation and Review Record

Drivers Name \_\_\_\_\_

(Please Print or Type)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle

If **NO** violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
**(Driver's Signature)**

\_\_\_\_\_  
(Reviewed by: Signature)

\_\_\_\_\_  
(Title)

Valley Express Specialized, Inc.

PO Box 2147 Fargo ND 58107-2147

### Annual Review of Driving Record

I have hereby reviewed the driving record of the above named driver in accordance with section 391.25 and find that he/she (check one)

Date	Name of Person Reviewing	Meets minimum requirements for safe driving	Is qualified to drive a motor vehicle pursuant to section 391.15



# Information Request for Drug and Alcohol Testing

Please return to Valley Express Inc.  
Email: stacie@valleyexp.com  
Phone: 800-726-7612

The Federal Regulations concerning information Verification of individuals who are applying for positions which require certification under 49CFR, Part 382, require that each previous employer/controlling carrier provide information regarding the individuals prior participation in substance abuse and alcohol testing programs as described in 49CFR These guidelines may be found in 49CFR, Part 382.405(b), 382.413. The regulations require that we obtain this information within 14 days of the use of this individual in a safety sensitive position. Information obtained under these guidelines will be maintained in confidence.

Date \_\_\_\_\_

I hereby authorize \_\_\_\_\_ To release and forward all information in my file regarding my participation and subsequent results of alcohol & Controlled substances Testing performed pursuant to 49CFR, part 382.405 to Valley Express Inc.

**Signed** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Driver-Do Not Complete Below This Line**

## Previous Employer/Carrier Information

Please complete each of the following questions regarding any Alcohol Substances Abuse Tests conducted on the above captioned individual. If the driver was not subject to part 382 testing requirements, please check here  , Signed below, and return.

- 1) Has this individual tested positive for a controlled substance under 49CFR, Part 382, in the last three years? \* \_\_\_\_\_ YES \_\_\_\_\_ NO
- 2) Has the individual been subject to an alcohol test under 49CFR, Part 382 which resulted in a BAC of .04% or greater, in the last three years? \* \_\_\_\_\_ YES \_\_\_\_\_ NO
- 3) Has this individual ever refused a test for alcohol/controlled substance (*including verified adulterated or substituted drug test results*) required under 49CFR, Part 382, in the last three years? \* \_\_\_\_\_ YES \_\_\_\_\_ NO
- 4) Has the individual violated other DOT agency drug and alcohol testing regulation?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If you have answered YES to any of the above questions, please provide documentation of the individual's successful completion of the DOT Return-to-Duty requirements (including follow-up tests).

\*Please include information received from other previous employers.

If the answer to any of the above questions is YES, please complete the following information regarding the SAP (Substance Abuse Professional) who consulted with the individual for additional information:

(SAP) Name	Address	City, State, ZIP	Phone

Completed By (Signature) \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_



# Request for Information From Previous Employer

To: \_\_\_\_\_

From: \_\_\_\_\_

Attn: \_\_\_\_\_

Valley Express, Inc.  
Email: stacie@valleyexp.com  
Phone: 701-281-0521  
Phone: 800-726-7612

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim against your company (and its agents) for information submitted in response to this inquiry. Please fax or send back a copy of this form.

Name of applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

- 1) This applicant list employment with your firm: \_\_\_\_\_ to \_\_\_\_\_ If not correct please list dates:  
From \_\_\_\_\_ To \_\_\_\_\_
- 2) If employed as a driver: Type of equipment \_\_\_\_\_ Company Driver \_\_\_\_\_  
Owner/Operator \_\_\_\_\_ Other \_\_\_\_\_
- 3) Dates and nature of accidents which he/she was involved: \_\_\_\_\_
- 4) To your knowledge, was this person's license suspended while in your employ? \_\_\_ If so please explain: \_\_\_\_\_
- 5) Did the driver have problems with logs? Yes \_\_\_ No \_\_\_ Out of service violations? Yes \_\_\_ No \_\_\_
- 6) Did the driver have a problem with advances? Yes \_\_\_ No \_\_\_ Late Delivers? Yes \_\_\_ No \_\_\_
- 7) Did the driver take good care of his equipment? \_\_\_\_\_
- 8) Why did this employee leave your company? Resigned \_\_\_ Discharged \_\_\_ Laid Off \_\_\_ Other \_\_\_\_\_
- 9) Would you re-employ this person? \_\_\_\_\_ Please Explain: \_\_\_\_\_
- 10) Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to release all information concerning my employment and alcohol and controlled substances testing, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) Which my request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

\_\_\_\_\_

**(Applicants Signature)** **(Date)**

(Signature of person supplying information) By: \_\_\_\_\_  
Date: \_\_\_\_\_