



1820 E. Valencia Drive
 Fullerton, CA 92831
 714-447-FOOD (3663)
 800-454-5728
www.vieleandsons.com

Driver Application for Employment

Applications are considered active for 30 days. Please read carefully and print clearly in blue or black ink.
 Federal and state law prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability, handicap or sexual orientation.

PERSONAL INFORMATION

Applicant's Name:			
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	
Current Address:			
How long have you lived at your current address?		Email Address:	
Previous address in the United States?			
Telephone Number:	Social Security Number:	Date of Birth:	
If hired, can you provide proof of identity and legal authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you provide proof of a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If hired, would you have reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any/all other names you have been employed under:			
If you have any friends or relatives employed by this company, please give their names and relationship:			
List three people, not related to you, who have knowledge of your work performance within the last three years.			
<i>Name</i>	<i>Occupation</i>	<i>Phone Number</i>	
1.			
2.			
3.			
In case of emergency, please notify:			
<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

DRIVING EXPERIENCE & QUALIFICATIONS (Attach sheet if more space is needed)

LICENSES

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either question above is yes, please explain:

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and Semi- Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Rear-end, Upset, etc)	Fatalities?	Injuries

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (Other than parking violations)

Location	Date	Charge	Penalty



PREVIOUS EMPLOYMENT

Are you currently employed? Yes No
 If yes, where? Position? Shift?

May we contact your current employer? Yes No, please explain:

Please list all employment for the past 10 years and explain any gaps, in excess of 90 days, in the employment history. You must complete this section even if attaching a resume.

<i>1. Company Name</i>	<i>Address</i>	<i>City/State/Zip</i>	
<i>Supervisor Name</i>	<i>Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Position</i>	<i>Reason for Leaving</i>		
<i>Start Date:</i>	<i>End Date:</i>		

<i>2. Company Name</i>	<i>Address</i>	<i>City/State/Zip</i>	
<i>Supervisor Name</i>	<i>Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Position</i>	<i>Reason for Leaving</i>		
<i>Start Date:</i>	<i>End Date:</i>		

<i>3. Company Name</i>	<i>Address</i>	<i>City/State/Zip</i>	
<i>Supervisor Name</i>	<i>Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Position</i>	<i>Reason for Leaving</i>		
<i>Start Date:</i>	<i>End Date:</i>		

<i>4. Company Name</i>	<i>Address</i>	<i>City/State/Zip</i>	
<i>Supervisor Name</i>	<i>Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Position</i>	<i>Reason for Leaving</i>		
<i>Start Date:</i>	<i>End Date:</i>		



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EDUCATION

Please circle the highest grade you completed:		
Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4 5 6 Degree Earned
Name of last school attended:		City/State:
Vocation or trade school/training:		Language(s) you speak fluently:
Describe any additional training you have received that is relevant to the position(s) for which you are applying:		

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Applicant's Signature: _____

DO NOT WRITE BELOW THIS LINE – FOR FACILITY USE ONLY		
Interviewed by:	Date/Time:	Hired? ___ Yes ___ No ___ F/T ___ P/T ___ Temp ___ On Call ___ Per Diem
Starting Date:	Starting Rate:	Employee #:
Department:	Shift:	Occupation:
Approved by:		Check for previous employment? ___ Yes ___ No